

CITY OF BIRMINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

E. LESLIE M. MILLAR, M.D., M.Sc., D.P.H. Medical Officer of Health and Principal School Medical Officer

HAROLD M. COHEN, C.B.E., M.D., D.P.H. Senior School Medical Officer

FOR THE YEAR ENDED 31st DECEMBER, 1962



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INDEX

Accidents, Death from After-Care 106 After-Care 145 Minor Ailments and Diseases of the Asthma Clinic 57 Asthma Clinic 58 Skin 57 Aural Clinic 58 Audiometric Survey 60 Table of				Page		Page
After-Care 145 Minor Ailments and Diseases of the Skin 57 Asthna Clinic 78 Skin 57 Aural Clinic 58 National Survey-Health and Development 55 Baskerville School 137 Nursery Schools and Classes 113 Blind Pupils 130 Open-Air Schools 139 B.C.G. Vaccination 90 Ophthalmic Treatment 62 Camp Schools 112 Orthodontics 74 Canteens 57 Orthopaedic Treatment 80 Cerebral Palsy 143 Outdoor Pursuits Courses 112 Child Guidance Service 96 Paper Towels 54 Chiropody 83 Partially Sighted Pupils 132 Cleanliness 117 Physical Education 109 Clinics 12 Physical Education 109 Co-operation and Acknowledgements 123 Poliomyelitis Immunization 101 Co-operation and Acknowledgements 123 Poliomyelitis Immunization 101 Deaf Pupils	Accidents, Death from			106	Milk	57
Asthma Clinic				145	Minor Ailments and Diseases of the	
Aural Clinic 58 National Survey-Health and Development 55 Audiometric Survey 60 National Survey-Health and Development 55 Baskerville School 137 Nursery Schools and Classes 113 Blind Pupils 130 Open-Air Schools 139 B.C.G. Vaccination 90 Ophthalmic Treatment 62 Camp Schools 112 Orthodontics 74 Canteens 57 Orthopaedic Treatment 80 Canteens 57 Orthopaedic Treatment 80 Child Guidance Service 96 Paper Towels 54 Chirlopody 83 Partially Sighted Pupils 132 Cleanliness 117 Physical Education 109 Clinics 12 Physical Education 109 Co-operation and Acknowledgements 123 Poliomyelitis Immunization 101 Co-operation and Acknowledgements 123 Poliomyelitis Immunization 101 Co-ordination 13 Physical Condition 15 Co-ordination </td <td></td> <td></td> <td></td> <td>78</td> <td>Skin</td> <td>57</td>				78	Skin	57
Audiometric Survey				58		
Baskerville School				60		
BaskerVille Schools						
B.C.G. Vaccination	Baskerville School				Nursery Schools and Classes	113
Department Camp Schools Camp Schools Canteens Canteens	Blind Pupils			130	Open-Air Schools	139
Camp Schools 112 Orthodontics 74 Canteens 57 Orthopaedic Treatment 80 Cerebral Palsy 143 Outdoor Pursuits Courses 112 Child Guidance Service 96 Paper Towels 54 Chiropody 83 Partially Sighted Pupils 132 Cleanliness 117 Physical Education 109 Clinics 12 Physically Handicapped Pupils 140 Co-operation and Acknowledgements 123 Poliomyelitis Immunization 101 Deaf Pupils 127 Radioactive Substances 122 Deport Towels 23 Radioactive Substances 122 Ringworm 58 Sables 58	B.C.G. Vaccination			90	-	62
Canteens 57 Orthopaedic Treatment 80 Cerebral Palsy 143 Outdoor Pursuits Courses 112 Child Guidance Service 96 Paper Towels 54 Chiropody 83 Partially Sighted Pupils 132 Cleanliness 117 Physical Education 109 Clinics 12 Physically Handicapped Pupils 140 Co-operation and Acknowledgements 123 Poliomyelitis Immunization 101 Co-ordination 13 Physical Condition 15 Convalescent Treatment 112 Problem Families 118 Deaf Pupils 127 Radioactive Substances 122 Deaths from All Causes 105 Ringworm 58 Delicate Pupils 124 Ringworm 58 Delicate Pupils 124 Scabies 58 Diphtheria Immunization 101 Schools for Delicate Children 124 Disabled Persons Training 142 School Meals 56 Ear, Nose and Throat Defects 58	Comp Schools			112	·	74
Cerebral Palsy 143 Outdoor Pursuits Courses 112 Child Guidance Service 96 Paper Towels 54 Chiropody 83 Partially Sighted Pupils 132 Cleanliness 117 Physical Education 100 Clinics 12 Physically Handicapped Pupils 140 Co-operation and Acknowledgements 123 Poliomyelitis Immunization 101 Co-ordination 13 Physical Condition 15 Convalescent Treatment 112 Problem Families 118 Deaf Pupils 127 Radioactive Substances 122 Deaths from All Causes 105 Ringworm 58 Delicate Pupils 124 Radioactive Substances 122 Ringworm 58 58 58 Delicate Pupils 124 Schools for Delicate Children 124 Disabled Persons Training 142 School Building 54 Dodford Holiday Farm 113 School Nursing 114 Ear, Nose and Throat Defects 58 <td>_</td> <td></td> <td></td> <td></td> <td></td> <td>80</td>	_					80
Child Guidance Service 96 Chiropody 83 Cleanliness 117 Clinics 12 Co-operation and Acknowledgements 123 Co-ordination 13 Convalescent Treatment 112 Deaf Pupils 127 Deaths from All Causes 105 Delicate Pupils 124 Dental Treatment 65 Diphtheria Immunization 101 Schools for Delicate Children 124 Dodford Holiday Farm 113 Ear, Nose and Throat Defects 58 Educationally Sub-normal Pupils 127 Enployment of Children 119 Eye Defects 61 Handicapped Pupils 124 & 143 Handicapped Pupils 124 & 143 Health Education 115 Children 140 Home and Hospital Tuition 143 Home Visiting 115 Paper Towels 54 Paper Towels 54 Partially Sighted Pupils 132 Physical Education 109 Physical Education 109 Physical Condition 109 Physical Condition 15 Problem Families 118 Problem Families 118 Problem Families 118 School Meals 58 Educative Substances 122 Radioactive Substances 122 Radioactive Substances 122 Radioactive Substances 122 School Building 54 School Building 54 School Nursing 114 School Meals 56 School Nursing 114 School Nursing 114 School Health 25 Specch Therapy 85 & 141 Statistical Tables 148 Handicapped Pupils 124 & 143 Staff 3-6 Summary of Work 7 Summer Holidays — Handicapped Children 142 Children 142 Home and Hospital Tuition 143 Home Visiting 115 Teachers and Training College Entrants — Examinations of 120					•	112
Chiropody	•					
Cleanliness 117 Faithing signed Trapis 109 Clinics 12 Physical Education 109 Co-operation and Acknowledgements 123 Physically Handicapped Pupils 140 Co-ordination 13 Physically Handicapped Pupils 140 Convalescent Treatment 112 Problem Families 118 Deaf Pupils 127 Radioactive Substances 122 Deaths from All Causes 105 Ringworm 58 Delicate Pupils 124 Radioactive Substances 122 Dental Treatment 65 Scabies 58 Diphtheria Immunization 101 Schools for Delicate Children 124 Disabled Persons Training 142 School Building 54 Dodford Holiday Farm 113 School Meals 56 Ear, Nose and Throat Defects 58 School Nursing 114 Employment of Children 119 Skin Diseases 58 Educationally Sub-normal Pupils 127 Speech Therapy 85 & 141 Sta					*	54
Clinics	• •				Partially Sighted Pupils	132
Co-operation and Acknowledgements 123 Co-ordination					Physical Education	109
Co-ordination 13 Physical Condition 15 Problem Families 118 Deaf Pupils 127 Radioactive Substances 122 Ringworm 58 Delicate Pupils 124 Dental Treatment 65 Scabies 58 Diphtheria Immunization 101 Schools for Delicate Children 124 Disabled Persons Training 142 School Building 54 Dodford Holiday Farm 113 School Meals 56 Ear, Nose and Throat Defects 58 Educationally Sub-normal Pupils 127 Employment of Children 119 Eye Defects 61 Handicapped Pupils 124 & 143 Home and Hospital Tuition 143 Home Visiting 115 Inmunization 101 Examinations of 120					Physically Handicapped Pupils	140
Convalescent Treatment 112 Problem Families 118 Deaf Pupils	•		nents		Poliomyelitis Immunization	101
Deaf Pupils		• •			Physical Condition	15
Deaths from All Causes 105 Delicate Pupils 124 Dental Treatment 65 Diphtheria Immunization 101 Disabled Persons Training 142 Dodford Holiday Farm 113 Ear, Nose and Throat Defects 58 Educationally Sub-normal Pupils 127 Employment of Children 119 Eye Defects 61 Ear Handicapped Pupils 124 & 143 Health Education 119 Heights and Weights—Survey 17 Heights and Hospital Tuition 143 Home Visiting 101 Examination 58 Ringworm 65 Sabies 124 Ringworm 67 Seables 124 Ringworm 68 Stables 124 School Building 54 School Nursing 114 Skin Diseases 58 Spectacles 62 Specch Therapy 85 & 141 Statistical Tables 148 Staff 3-6 Summary of Work 7 Summer Holidays — Handicapped Children 142 Home Visiting 115 Teachers and Training College Entrants — Examinations of 120	Convalescent Treatment	• •	• •	112	Problem Families	118
Deaths from All Causes 105 Delicate Pupils 124 Dental Treatment 65 Diphtheria Immunization 101 Disabled Persons Training 142 Dodford Holiday Farm 113 Ear, Nose and Throat Defects 58 Educationally Sub-normal Pupils 127 Employment of Children 119 Eye Defects 61 Ear Handicapped Pupils 124 & 143 Health Education 119 Heights and Weights—Survey 17 Heights and Hospital Tuition 143 Home Visiting 101 Examination 58 Ringworm 65 Sabies 124 Ringworm 67 Seables 124 Ringworm 68 Stables 124 School Building 54 School Nursing 114 Skin Diseases 58 Spectacles 62 Specch Therapy 85 & 141 Statistical Tables 148 Staff 3-6 Summary of Work 7 Summer Holidays — Handicapped Children 142 Home Visiting 115 Teachers and Training College Entrants — Examinations of 120	Deaf Pupils			127	p. 11	100
Delicate Pupils						
Dental Treatment					Ringworm	58
Diphtheria Immunization	E 1 mm				Scabies	58
Disabled Persons Training						
Dodford Holiday Farm						
Ear, Nose and Throat Defects 58 Educationally Sub-normal Pupils 127 Employment of Children 119 Eye Defects 61 Eye Defects 61 Eye Defects 61 Enables 62 Specch Therapy 85 & 141 Statistical Tables 148 Handicapped Pupils 124 & 143 Health Education 119 Eleights and Weights—Survey 17 Heights and Weights—Survey 17 Home and Hospital Tuition 143 Home Visiting 101 Examinations of 120 Examinations of 120					C.	
Ear, Nose and Throat Defects	17 Odford Frondiny Farm	• •	• •	115		
Educationally Sub-normal Pupils	Ear, Nose and Throat De	fects		58	01 : 15:	
Employment of Children	Educationally Sub-normal	l Pupils		127		
Handicapped Pupils	Employment of Children			119	•	
Handicapped Pupils	Eye Defects			61	0. 1.1 1.77.11	
Health Education						
Heights and Weights—Survey			124			
Home and Hospital Tuition						/
Home Visiting		,	• •			1.40
Immunization	· ·	on			Children	142
Immunization	Home Visiting			115	Teachers and Training College Entrant	s —
	hmminization			1.01		
Infectious Diseases 101 Tonsils and Adenoids 61					773 11 1 A 1 1 1	61
101	Institute of Child Health					
	manue or emiliar reduit	• •		100		
Maladjusted Pupils 128 & 131 Ultra-Violet Ray Apparatus 122	Maladjusted Pupils		128	& 131		122
Martineau House 143 Ultra-Violet Ray Treatment 83	Martineau House			143	Ultra-Violet Ray Treatment	83
Mass Radiography 95	Mass Radiography			95	Vision Spevay	115
Medical Examinations	Medical Examinations			148	VISION SHIVEY	115
Medical Inspection 14 Wood End Hostel 121	Medical Inspection			14	Wood End Hostel	121
Medical Supervision of Special Schools 138 West Midland Advisory Council 124	-	ecial Sel	hools	138		

SPECIAL SERVICES SUB-COMMITTEE

COUNCILLOR N. T. COOK (Chairman of the Education Committee)

Councillor Mrs. D. M. Fisher, J.P. (Chairman)

ALDERMAN J. WOOD HON.A.C.T.(Birm.)
COUNCILLOR F. E. R. BAGSHAW
COUNCILLOR MRS. W. O. EASEY
COUNCILLOR MRS. J. E. HAYNES
COUNCILLOR MRS. M. J. LOCKE
COUNCILLOR H. POWELL
COUNCILLOR M. REES
COUNCILLOR MRS. S. A. SMITH

Councillor Mrs. S. J. Mackenzie Mrs. F. M. Bailey Dr. W. E. Cavenagh, J.P., B.Sc.(Econ.), D.P.A. Miss J. David Mr. T. T. Lockie Dr. M. L. Kellmer Pringle, B.A. Mrs. M. E. Purvis

Chief Education Officer: SIR LIONEL RUSSELL, C.B.E., M.A.

STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER

E. LESLIE M. MILLAR, M.D., M.Sc., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

WILLIAM NICOL, M.B., Ch.B., D.P.H.

SENIOR SCHOOL MEDICAL OFFICER

HAROLD M. COHEN, C.B.E., M.D., D.P.H.

DEPUTY SENIOR SCHOOL MEDICAL OFFICER

MAURICE E. LEMIN, M.B., Ch.B.

ASSISTANT SENIOR SCHOOL MEDICAL OFFICER

PHILIP R. KEMP, M.B., Ch.B.

SCHOOL MEDICAL OFFICERS

ELSE A. d'Amian, M.D.(Heidel), L.R.C.P., L.R.C.S.
JOYCE B. MOLE, M.B., Ch.B., D.C.H.
BERYL W. MARSON, M.B., Ch.B., D.C.H.
JOAN I. BUCHANAN, M.B., Ch.B., D.C.H.
M. ELSPETH SEATON, M.B., B.Ch., B.A.O.
NATALIE M. JOHNSTON, L.R.C.P., L.R.C.S., D.P.H.
PATRICIA E. V. McFarland, M.B., Ch.B., L.M., D.P.H.
MARY S. MARTIN, M.B., Ch.B.
CHRISTINE GLYNN, M.R.C.S., L.R.C.P.
PATRICK B. CARVILL, L.R.C.P., & S.I.
SUSAN O'CONNELL, M.B., B.Ch., B.A.O., D.P.H., D.C.H.
MURIEL R. GREEN, M.B., Ch.B.
RODNEY C. F. TODMAN, M.B., Ch.B.
DAVID WILLIAMS, M.B., B.Ch., B.A.O., D.A.
JUNE A. DANIELL, M.B., Ch.B. (Appointed 22.1.62)
JOHN L. JACKSON, M.B., Ch.B., D.P.H. (Appointed 1.9.62)
ESSILLT THOMAS, M.B., Ch.B. (Appointed 1.9.62)

PRINCIPAL SCHOOL DENTAL OFFICER

DONALD GLEN THOMSON, T.D., L.D.S.R.C.S.

SCHOOL DENTAL OFFICERS

HARRY A. COHEN, L.D.S. HUGH LINN, L.D.S.R.C.S.

CYRIL R. FODEN, L.D.S., (Died 8.3.63)

MARJORIE COOK, L.D.S. WILLIAM A. BARTON, L.D.S.R.C.S. DAVID N. MORTIMER, L.D.S. ERNEST A. K. BAIRD, L.D.S.R.F.P.S. Neville A. Roberts, L.D.S., B.D.S.
Gertrude M. Leahy, L.R.C.P.S.I.,
L.A.H., L.D.S.
DAVID A. BAKER, L.D.S.
SAMUEL D. NEALE, L.D.S., B.D.S.
(Resigned 28.9.62)
JUDITH M. WILKINSON, B.D.S., L.D.S.
R.C.S.
PATRICIA M. GOODBURN, B.D.S.,
L.D.S.R.C.S., (Appointed 12.3.62)

PART-TIME SCHOOL DENTAL OFFICERS Who gave service during the year

Mary V. Waltham, L.D.S.
Marion Greenstone, L.D.S.
Edith Kettle, L.D.S.
Brian E. Teall, L.D.S.
Phillip A. Withers, L.D.S.
John C. McCarthy, L.D.S., B.D.S.
Freda M. Renwick, B.D.S.
Terence A. Podesta, B.D.S.
Patricia E. Thomas, L.D.S.R.C.S.
Kenneth J. Griffiths, L.D.S.R.C.S.
Rasma J. Breiks, D.D.D.
John M. Davis, B.D.S.
John P. Wills, B.D.S.
Philip G. Herrod, L.D.S.R.C.S.
Colin B. Walker, B.D.S.
Margaret C. Roe, L.D.S.R.C.S.,
(Resigned 30.11.62)

J. CLIFFORD BAKER, L.D.S. ALFRED N. PLACE, L.D.S., (Resigned 28.2.62) JILL M. SHUFFLEBOTHAM, B.D.S., (Resigned 31.7.62) DAVID JONES, B.D.S., L.D.S.R.C S JAMES C. MURRAY, B.D.S., L.D.S.R.C.S. Adrian Miles, L.D.S.R.C.S. Audrey F. Birch, B.D.S. MICHAEL B. NORTON, B.D.S., (Appointed 8.1.62) MARTIN H. WILLS, B.D.S., (Appointed 8.1.62) MARI LEHEPUU, B.D.S., (Appointed 18.1.62) ALISTAN PATON, B.D.S., (Appointed 30.4.62) LEE R. HOLLOWAY, L.D.S.R.C.S., (Appointed 16.7.62) DAVID REES-BODGER, B.D.S., (Appointed 3.10.62) Maura Chadwin, B.D.S., (Appointed 14.9.62) WALTER MUNZ, B.D.S., (Appointed 4.12.62)

CHILD GUIDANCE SERVICE

Senior Educational Psychologist W. J. Bannon, M.A., Ed.B.

Senior Consultant Psychiatrist †*CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

Consultant Psychiatrist

†*JAMES A. CRAWFORD, L.R.C.P. and S., L.R.F.P. and S., D.P.M.

Educational Psychologists

ENID M. JOHN, M.Sc.
EDNA D. HOWARD, B.A.
JOHANNA E. REINER, Ph.D.(Vienna)
CORINNE V. BENNETT, B.A.
PETER W. MAYHEW, B.A.

Psychiatric Social Workers

Doreen Hosking Heien M. Bartlett, B.A. (*Resigned 31.8.62*) *Dorothy D. J. Leighton, B.A. *Barbara Jacoby, B.A.

Social Workers

*JOYCE CUMMINS (Appointed 8.1.62) ETHEL H. BESWICK (Appointed 1.4.62) *RUTH C. GILLETT (Appointed 1.10.62)

Psychotherapist

*Mrs. B. J. Oxford, M.A. (Resigned 31.5.62)

Remedial Teachers

Mrs. A. McCullocii, B.A.

Mr. R. S. HARDING (Resigned 31.8.62) Mr. K. A. HACK

MRS. M. J. NEWTON MR. P. WILDBLOOD MR. A. L. HOPKINS MR. H. C. YOXALL

Mr. C. Lapstoff Mr. D. G. Fudge Mr. J. J. Seth Mr. J. H. Evans

Mrs. M. F. BLYTHE

MISS G. Evans (Appointed 1.9.62)
MISS L. R. BRIARS (Appointed 1.9.62)

PART-TIME SPECIALIST OFFICERS

Ophthalmic Section

HERBERT W. ARCHER HALL, M.R.C.S., L.R.C.P., D.O.

MARK TREE, M.B., B.S., F.R.C.S., D.O.M.S.

(Also Visiting Ophthalmic Surgeon to the Schools for the Partially Sighted)

JOHN H. AUSTIN, M.B., Ch.B., D.O., D.O.M.S.
BENJAMIN C. CURWOOD, O.B.E., M.B., Ch.B., M.R.C.S., L.R.C.P., D.O.M.S.
LOTHAR MARX, M.B., Ch.B.

STUART W. K. NORRIS, B.Comm., M.R.C.S., L.R.C.P., D.O.

NORA WALKINSHAW, M.B., B.S.

Orthopaedic Section

Francis G. Allan, M.B., B.S., F.R.C.S., L.R.C.P.

T. S. Donovan, M.B., Ch.B., F.R.C.S.

(Visiting Orthopaedic Surgeon to the Schools for the Physically Handicapped)

Ear, Nose and Throat Section

NORMAN L. CRABTREE, F.R.C.S., D.L.O. (Also Visiting Annal Surgeon to the Schools for the Deaf) HAZLEY ANDERSON, B.A., M.R.C.S., L.R.C.P., D.L.O.

Asthma Section

†]. MORRISON SMITH, M.D., M.R.C.P.E., D.P.H., D.T.M.H., T.D.D.

Visiting Physician to Baskerville School

WILLIAM C. SMALLWOOD, M.B., Ch.B., F.R.C.P., M.R.C.S.

Orthodontic Section

NORMAN NORRIS, B.D.S.

VERA K. STANLEY, L.D.S.

EDGAR BREAKSPEAR, L.D.S., R.C.S., D.Orth.R.C.S.

DOROTHY J. BUTLER, L.D.S., B.D.S., D.P.D., D.Orth.R.C.S. (Resigned 31.10.62)

Anaesthetists

DOROTHY TAYLOR SHEWRING, M.B., Ch.B. MARY M. TUDOR, M.B., Ch.B., B.A.O.

DONALD A. L. CRAWSHAW, M.R.C.S., L.R.C.P.

JOHN BUNTING, T.D., M.B., F.R.C.S.I. EDITH M. STOCKWIN, M.B., Ch.B., D.P.H.

ENID MACKINTOSH, M.B., B.S.

NORMAN B. CRISP, M.B., Ch.B.

Frederick D. Griffiths, M.B., Ch.B., M.R.C.S., L.R.C.P.

GWENIVER KNIGHT, M.B., Ch.B. REGINALD M. HOWSON, M.R.C.S.,

L.R.C.P.

EPHRAIM McFall, M.B., B.Ch., B.A.O.

HAZEM BARRADA, M.B., Ch.B., M.R.C.S., L.R.C.P.

Anne S. Fawkes, M.B., Ch.B.

(Appointed 10.10.62)

PHYSIOTHERAPISTS

MAUREEN WALLS, S.R.N., M.C.S.P.

MADELINE M. WILLIAMS, M.C.S.P., S.O.N.A.

FLORENCE L. STODDARD, S.R.N., M.C.S.P.

Nora M. Lucas, M.C.S.P.

GERALDINE D. GIBBONS, M.C.S.P. PATRICIA M. EVANS, M.C.S.P.

BERYL L. MASSEY, M.C.S.P.

DOROTHY M. HAZELWOOD, M.C.S.P.

*Pauline M. Collins, M.C.S.P.

*ELIZABETH H. HARRISON, M.C.S.P.

(*Appointed* 8.1.62)

*JOYCE MARSHALL, M.C.S.P.

(Appointed 10.4.62)

CHIROPODISTS

*HAROLD WILDBORE, M.Ch.S. *SYLVIA R. BROWN, M.Ch.S.

REMEDIAL GYMNASTS

Marian J. Parsons
William Collins
John V. Thackerey (Resigned 20.10.62)

SENIOR SPEECH THERAPIST

EILEEN S. SPRAYSON, L.C.S.T.

SPEECH THERAPISTS

JENNIFER M. RICHMOND, L.C.S.T. RENEE E. HUGHES, L.C.S.T. MAUREEN ALLEN, L.C.S.T. (Resigned 31.8.62) JOAN M. BARFIELD, L.C.S.T. (Resigned 31.8.62) *JANET LEWIS, L.C.S.T.

School Nurses ...

LINDA CREES, L.C.S.T. (Resigned 7.9.62)
JENNIFER D. JENKINSON, L.C.S.T.

*MAVIS J. HAMPSON, L.C.S.T.

*MELICENT BIRD, L.C.S.T.

*PAMELA NORMAN, L.C.S.T.

(Appointed 25.1.62)

MARY BARKER, L.C.S.T. (Appt. 1.9.62)

*GWENYTII ERREY, L.C.S.T.

(Appointed 23.11.62)

67

SENIOR DENTAL TECHNICIAN

PERCY ALDRED, A.I.B.S.T.

DENTAL TECHNICIAN

GEOFFREY B. BURREIL

SUPERINTENDENT SCHOOL NURSE

A. WINIFRED ASHWORTH, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent School Nurse

MARIAN BARRASS, S.R.N., S.C.M., H.V.Ccrt.

SCHOOL NURSING STAFF

.. ..

OTHER STAFF Matron at Martineau House	rses in Nursery Schools
	irsing Assistants
Matron at Martineau House	
	itron at Martineau Hous
Matron at Wake Green Hostel	
Nurses in Special Schools :—	rses in Special Schools:
Residential 5	
Day 5	Day
State Eurolled Nurses in Special Schools :—	
Residential	
Day	Day
Dental Surgery Assistants	ntal Surgery Assistants
*Part-time Officers.	^Part-time Oni
†Appointed by Regional Hospital Board.	†Appointed by

School Health Service, 154 Great Charles Street, Birmingham, 3. December, 1962.

SUMMARY OF WORK 1962

	IWAKI		WOK	X 190	4	
School Medical Officers A	т Ѕснос	DLS:				Attend-
Visits to Schools—2,958					Children	ance
Routine Inspections—						
Primary and Seconda	iry Schoo	ols			40,112	
Grammar Schools					3,505	
Special Schools					697	
Nursery Schools and					1,542	
Selected Cases—						
Special Inspections					4,102	
Re-inspections					5,920	
SCHOOL MEDICAL OFFICERS AT						
Special Inspections					19,341	
Re-inspections					14,603	
OPHTHALMIC CLINICS:					.,,,,,,,	
Number of spectacles pres	cribed by	v the	Ophtha	lmic		
Surgeons					4,719	6,689
Aural Clinic:	• •	• •	• •	• •	7,717	0,002
	A 1 C.				1.746	
Number examined by the				• •	1,746	
Number of mastoid dressi				• •	307	5,088
Number of other aural tro			• •	• •	1,179	·
Number of audiograms	• •	• •			1,856	
ORTHOPAEDIC CLINICS:						
Number examined by the				ı	205	
Number treated by the Pl					2,376	29,874
CHILD GUIDANCE CLINICS					581	
Speech Therapy Clinics					1,331	8,245
ULTRA-VIOLET RAY TREATMEN					2,020	26,449
DENTAL CLINICS					43,142	81,098
ORTHODONTIC CLINIC					328	6,115
		• •	• •	• •		
ASTHMA CLINIC				• •	406	4,269
School Nurses and or Nurs	ING ASSIS	TANT	s :		227.072	
Examinations of Children	tor Unc	leanli	ness	• •	337,063	
Vision Tests				• •	78,298	
Home Visits					8,674	
CHIROPODY CLINIC					610	1,815
AUDIOMETER SWEEP TESTS					4,543	
CIT	CY OF	BIRN	MINGH	IAM		
	GENERAL	Info	RMATIO	N		
Population (Estimated)					1,110,290	
						Osa mls)
Area Density of Population						
		• •	• •	• •		ns per acre
Rateable Value (at 1.4.62)	• •	• •	• •	• •	£18,145,857	
Education Rate					19s. 9.02d.	
Penny Rate produces					£,72,160	
Primary and Secondary Schoo	ls (includ	ing N	Jursery !	Schoo	ls):	
Number of Schools					495	
Number on Rolls at end	of year				177,293	
Special Schools:						
Number of Schools					28	
Average Number on Rol					2,832	

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

E. L. M. MILLAR, M.D., M.Sc., D.P.H.

For the year ended 31st December, 1962

To the Chairman and Members of the Education Committee

I have the honour to present for your consideration the report on the School Health Service for the year ended 31st December, 1962.

During the year, the School Medical Officers carried out the customary medical inspections and special consultations, and their findings would suggest that in general the health of the Birmingham school children continues to be good. Special attention, however, continues to be paid to the children who are found to be in an unsatisfactory state of health. The factors contributing to this state have been discussed in previous reports and careful consideration is given to their possible remedy.

The quinquennial survey of the heights and weights which were taken during the year is presented in the body of the report. Whilst the findings are in statistical terms, the inferences are of great interest.

The principles of the promotion of health and the prevention of disease continue to pervade the Service. The teachers are also active in helping the children to rise to their full potential of health. They, together with the Inspectors and Education Welfare Officers, bring to the notice of the school doctors and nurses, children who in particular may need special consideration. In the pilot scheme for the possible modification of medical inspection which is now being carried out this continued interest is of great help.

A report regarding a proposed investigation into the Local Authority Child Health Services in Birmingham by a doctor working under the guidance of Professor Hubble and myself was submitted to the Committee. Dr. Patria Asher was later appointed by the Council of the Institute of Child Health, on which the Education Committee is represented, to carry out the projected survey.

The curative side of many of the activities of the Service is described in the Report. It is not possible to do justice to the presentation in a summary and I would commend the informative accounts.

A note on the provision made for children classified as "delicate" is included in the Report. Your Committee are aware that, for some time, the trend has been for schools for delicate children to cater for pupils with an even wider range of disabilities, especially involving conditions arising from emotional difficulties and problems of adjustment, and who have more divergent needs calling for greater skill and flexibility in providing them with special educational treatment.

Although the Service is not now directly concerned with the National Survey of the Health and Development of Children born in March 1946, an account is given of its further progress.

The Service continues to co-operate with the Ministry of Health's enquiry into the nutrition in large families.

A meeting of the Committee of the West Midlands Advisory Council on Special Educational Treatment on which the Authority has representatives, met in Birmingham on 5th October. A brief note of the meeting is given in the Report.

The Committee has agreed to the provision of an additional dental surgery at Slade Road Clinic.

During the year the new domiciliary block for 38 boys and two flats for married teachers were under construction at Hunters Hill School.

The dining room and domestic subjects room were completed at Cropwood School.

At Braidwood School the second phase in the installation of the group hearing aid equipment was completed during the year.

Progress had been made by the end of the year in the erection of the new schools on the campus site at Bell Hill, Northfield, for deaf, partially-sighted and physically handicapped children.

During the year plans were approved for submission to the Ministry for the special school for physically handicapped children at Brays Road to serve East Birmingham.

Plans were accepted for the provision of a boarding school for 45 physically handicapped pupils (congenital and rheumatic heart cases and delicate pupils) on part of the site of the Baskerville School, and for the adaption of the Baskerville School building as a school for maladjusted pupils.

During the year the Committee agreed to the conversion at St. Francis School in order to make a unit for twelve specially difficult children (junior boys and girls of all ages) who need more attention

than they can be given in the larger houses but who are capable of education and of improvement if such special attention can be given. It is considered that this is an educational experiment of some importance.

In the last week of the summer term a party of 20 spastic children from the Victoria and Wilson Stuart Schools attended a successful residential course at Barnes Close, organised by the Welfare Department of the Midland Spastic Association. The cost was met from a fund privately donated to the Association for this purpose.

Education for children in the Children's, Dudley Road and Accident Hospitals had been carried out for some time. Following representations from the Authority, the establishment of Hospital Special Schools at these three hospitals was agreed to by the Ministry of Education as from 1st August, 1962.

For the record, the following circulars, which have been issued during the year, may be mentioned:

Ministry of Education Circular 3/62 (12th March, 1962); Ministry of Health Circular 6/62 (12th March, 1962), both on the subject 'Smoking and Health'. They dealt with the report of the Royal College of Physicians, published 8th March, 1962, and drew special attention to the conclusion of the report on the dangers of smoking.

Suggestions regarding efforts to be made to discourage smoking among children and to prevent the formation of the smoking habit have been taken up. The subject had of course been included in the Health Education Curriculum in the Schools soon after the earlier factual evidence was published.

Ministry of Education Circular 8/62, Ministry of Health Circular 20/62. 'Local Authority Dental Services', 27th August, 1962. In these circulars local education and health authorities were asked to review their dental services. Consideration has been given to the suggestions contained in the circulars.

Ministry of Education Circular 10/62 (25th September, 1962). 'Children with impaired hearing. Notes for the guidance of those concerned in the placement of deaf and partially hearing pupils in suitable schools'. It will be noted that the term "partially hearing" has been substituted for "partially deaf". The Handicapped Pupils and Special School Amending Regulations, 1st October, 1962, contained this term in the new definitions of children with impaired hearing.

"By substituting the term 'partially hearing' for 'partially deaf' it has been possible to reflect a more positive approach to the use of residual hearing and in this way to underline the importance of early diagnosis". These considerations are well appreciated by this Authority.

Mention is made in the Report of the changes amongst various members of the staff.

I very much regret to have to report the death of Mr. C. R. Foden at the age of 59 on 8th March, 1963. He was appointed as a School Dental Surgeon in June 1937 and served the Committee most conscientiously and loyally. We mourn a very valuable colleague.

Finally, it a pleasure to acknowledge most sincerely the support and interest of the Chairman and Members of the Committee in the welfare of the children, to express my thanks to Sir Lionel Russell, the Chief Education Officer, for his consideration and assistance, to Dr. Cohen and the staff of the various departments for their help in the preparation of the report, the members of the Public Health Department for the account of the work undertaken in that Department, to the teachers for their ready co-operation, and to the members of the School Health Service.

E. L. M. MILLAR

			W	ORK UND	FRTAKEN	(Numbe	r of Sess	ions per	week)		I—————
SCHOOL CLINIC	N umber of Schools	Minor Ailments and Inspec- tion (Doctor Sessions)	Refrac- tion	Dental	Ortho- paedic	U.V.R.	Ear, Nose and Throat	Speech Therapy	Ortho- dontic	Chi- ropody	Asthma
Aldridge Road, Great Barr	19	2	1	10	5	2					
Albert Road, Aston	22	4	11/2	10		2					
Albert Road, Harborne	46	2	1	17	5	3					
Benacre Street	33	4	11/2	20	5	4					
Church Lane, Kitts Green	37	2	1	18		3					
Gt. Charles Street	42	4	3	15			2				2
Soho Hill, Handsworth	41	3	1	19	5	2		6			
Harvey Road, South Yardley	28	2	1	20	3	2		4			
Maas Road, Northfield	39	2	11	19	3	4		2			
Sheep Street, Gosta Green	51	4	2	15	5 '	2			10	6	
Stratford Road, Sparkhill	50	3	1	20	10	4					
Slade Road, Erdington	38	2	1	10		5					
Warren Farm Road, Kingstanding	23	2	1 2	14		2					
Warstock Lane, Kings Heath	33	2	1	10	7	2					
Yardley Green Road, Little Bromwich	31	2	1	19		2					
Friends' Institute, Moseley Road								4			
Dame Elizabeth House, Stetchford								8			
9A, Sutton Street								6			
29 George Road								11			
455 Yardley Wood Rd.								16			
298 Warren Farm Rd., Kingstanding								2			
58 Lea Hall Road, Stechford								4			

Child Guidance Clinics: 29 George Road, Birmingham 15; 9a, Sutton Streft, Birmingham, 6. and 455 Yardiey Wood Road, Kings Fleath, Birmingham, 14.

The figures under the heading "Work undertaken" indicates the number of sessions usually held. The figure is not constant however, and varies according to the demand of the particular forms of treatment concerned.

By arrangement with the Public Health Department, the Dental Surgery at Nechells Green Health Centre was used for about four sessions per week and at St. Helliers Road, Child Welfare Centre on three sessions per week.

STAFF

During the year there have been several changes among the staff of the School Health Service. Doctors Daniell, Jackson and Thomas joined the Service and no doctors left the Service during the year.

Among the full-time Dental Officers, Mrs. Goodburn was reappointed and Mr. Neale resigned at the end of September. Dr. N. A. Tomanek, full-time Dental Surgeon, died after a tragic accident in April, and reference to his excellent service was made in last year's Report.

Five School Nurses left the Service and were replaced during the year. There was a gain of one part-time Physiotherapist and three Speech Therapists, two of whom were appointed on a part-time basis.

As regards the Nursing Assistants and Dental Surgery Assistants, there have been one or two changes, the net result of which has been that the number of staff employed has remained static.

In the Child Guidance Service Miss H. M. Bartlett, Psychiatric Social Worker, resigned at the end of August. Three Social Workers were appointed, two of whom were part-time.

CO-ORDINATION

The interchange of relevant information between the Public Health Department and the School Health Service continues to take place smoothly and satisfactorily. The Maternity and Child Welfare records are sent from the Health Department and are attached to the School Medical Inspection Record for each child and retained in the medical envelope.

From the age of two onwards the Child Welfare Department sends lists periodically of children who are thought "defective". These are scrutinised and divided into those who may possibly be ascertained as "handicapped pupils" and the remainder for special attention at the school medical inspections.

Further help is given in the building up of continuous medical histories of school children through the reports received from the hospitals on children who have been under their care. In general, the suggestions in the Circular to the Hospital Boards are being carried out.

Speech Therapy Clinics are held in the Maternity and Child Welfare Clinics in Warren Farm Road and Lea Hall Road. Dental Clinics are held at Nechells Green Health Centre, and at the St. Heliers Road, Northfield, Infant Welfare Centre. Co-operation between the Health Department and the School Health Service is working well.

Treatment is given for certain conditions in children referred from the Child Welfare Clinics.

The Ear, Nose and Throat Consultant employed by the Education Committee acts in an advisory capacity for such children as it might be necessary to refer to him from the Audiology Clinic. The Committee agreed to allow a teacher from one of the schools for the deaf to attend the Audiology Clinic at the Children's Hospital on one day a week and one of the Head Teachers to attend periodically, to give advice on future educational needs.

Selective information is sent to the family practitioners.

MEDICAL INSPECTION

The following arrangements are made for the medical inspection of pupils:

- (a) As soon as possible after entry into the Infants' School.
- (b) In the early part of the last year in the Primary School.
- (c) In Secondary Schools, in the early part of the child's 15th year; or in the early part of the 16th year and again within a year of leaving, in Grammar Schools.

Children who may need to be kept under observation for any defects found at the intermediate examination are seen either at the school clinic or when they arrive at the Secondary or Grammar School at the next visit of the medical officer. In this way they are followed up regularly.

The main statistics on medical inspection will be found on pages 148 to 153, and the findings are given in accordance with the Ministry's requirements.

The parents receive an invitation to be present at these examinations so that a full discussion can take place on each child. Whilst the parents in general appreciate the value of this consultation with the doctor, it is interesting to note from the following percentages that the attendances fall off with the older children.

Percentages of parents attending with children in the various age groups:

Year of	Birth				Boys Percentage	Girls Percentage
1958 ar	nd later	 			 96.2	97.3
1957		 			 94.2	95.2
1956		 			 96.2	95.4
1955		 			 97.3	94.7
1954		 			 91.1	89.2
1953		 			 82.9	79.3
1952		 			 84.2	87.3
1951		 			 89.9	92.3
1950		 			 92.1	91.4
1949		 			 65.1	93.2
1948		 			 53.4	68.5
1947 an	nd earlier	 			 44.7	63.4
			A	VERAGE	 88.3	87.3

Furthermore it must be emphasised that when the doctor visits a school either for a periodic inspection or for a follow-up examination, he will also see any child about whose health the parent, teacher, nurse of School Welfare Officer is uncertain. This form of selective examination is considered to be of much importance. The pilot scheme for the possible modification of the intermediate inspection is being carried out and on its completion an evaluation will be undertaken.

PHYSICAL CONDITION

Classification under the heading "Physical Condition" on the School Medical Record.

As recommended by the Minister several years ago, the finding for the heading "Physical Condition" consists of a summing up of the medical officer's opinion on the child's physical fitness. Only two categories are considered necessary, i.e., "Satisfactory" and "Unsatisfactory". The reason for having two categories only is a practical one—it is suggested that every child whose physical condition is considered unsatisfactory should be thoroughly investigated, including the home circumstances, so that he can be helped as far as possible.

The relevant findings for the year under review follow according to the new classification.

Periodic Medical Inspections

		P	Pupils Ins	Pupils Inspected			
Age Groups	Number of	SA	TISFACTORY	Unsatisfactory			
Inspected (By Year of Birth)	Pupils Inspected	Number	% of Column 2	Number	% of Column 2		
(1)	(2)	(3)	(4)	(5)	(6)		
1958 and later	1,434	1,420	99.02	14	0.98		
1957	5,516	5,415	98.16	101	1.84		
1956	5,581	5,454	97.72	127	2.28		
1955	1,838	1,796	97.71	42	2.29		
1954	396	381	96.21	15	3.79		
1953	282	268	95.03	14	4.97		
1952	2,815	2,780	98.75	35	1.25		
1951	8,505	8,343	98.09	162	1.91		
1950	3,182	3,118	97.98	64	2.02		
1949	236	220	93.22	16	6.78		
1948	3,401	3,299	97.00	102	3.00		
1947 and earlier	12,670	12,504	98.69	166	1.32		
Total	45,856	44,998	98.12	858	1.88		

In general it can be said that the condition of the children examined has been satisfactory. In the relatively small groups of children inspected who were born in the years 1953 and 1949 two medical officers found a disproportionately larger number of children who were "unsatisfactory". They are, of course, being followed up.

Yet it must be mentioned here that the grouping is arbitrary and the assessments by the medical officers are made on a subjective basis. So whilst the grouping should not be regarded as a strictly accurate measure, for example the medical officer's standard might be influenced by that of the locality or particular school, it is reasonable to assume that the general impression of the doctor, following the careful clinical examination, gives a reasonable indication of the child's physical condition.

HEIGHTS AND WEIGHTS

Mrs. J. M. Stokes of the Central Statistical Office contributes the following report, prepared with the co-operation of Mr. A. B. Neale, Statistician and Dr. H. M. Cohen.

SURVEY OF THE HEIGHTS AND WEIGHTS OF BIRMINGHAM SCHOOL CHILDREN, 1962

- Section 1. Introduction.
 - 2. Data.
 - 3. Mean Heights and Weights, 1962.
 - 4. Comparison of Neighbourhoods, 1962.
 - 5. Comparison of Three Surveys 1952, 57 and 62.
 - 6. Between Survey comparison of Neighbourhoods.
 - 7. Comparison of Birmingham Results with Other Cities.
 - 8. Summary.

Tables 1—10.

Figures 1 and 2.

References.

Appendix A. Accuracy of Height and Weight Measurements.

Appendix B. Age Distributions.

Appendix C. Standardisation of Mean Measurements with respect to Age.

Appendix D. Incidence of Obesity among Birmingham Children.

1. Introduction

This investigation forms the third in a series of quinquennial sample surveys on the heights and weights of pupils attending schools maintained or assisted by the City of Birmingham. The data were collected by school medical officers during the calendar year 1962, previous surveys having taken place in 1952 and 1957 (See References 1 and 2). Details of earlier work on heights and weights of children may be found in Reference 2.

The object of the Birmingham surveys is to detect changes in mean height and mean weight over the years and also the variation of these measurements with type of neighbourhood.

The investigation is limited to a study of children in three one-year age ranges, viz: boys and girls aged 6, 11 and 14 years last birthday, on the day of measurement.

The letters A, B and C are used to designate schools whose pupils are drawn from "best", "moderate" and "poor" districts of the City, respectively. By this means, the children in each sex-age group are sub-divided into groups representative of the three types of neighbourhood.

2. Data

2.1. Sample Sizes

A complete set of data for one child consists of sex, age, height and weight, together with name of school and its neighbourhood rating. After discarding any data which were incomplete or obviously wrongly recorded, the numbers of children in each sub-group were:

	Age last	N	All		
	Birthday -	Λ	В	С	— Neighbourhoods
Boys	6 11 14	128 236 410	931 1,741 2,326	69 252 532	1,128 2,229 3,268
	All Boys	774	4,998	853	6,625
Girls	6 11 14	94 220 491	935 1,701 2,544	92 239 328	1,121 2,160 3,363
	All Girls	805	5,180	659	6,644
All Boy	s and Girls	1.579	10,178	1,512	13,962

For boys and girls alike, the total samples at ages 6, 11 and 14 amount to approximately 15%, 28% and 34% of the respective total populations in City schools.

The overall percentages of children sampled from A, B and C neighbourhoods are approximately 12%, 77% and 11% respectively.

2.2 Accuracy of Height and Weight Measurements

It was intended that height and weight should be measured to the nearest quarter inch and quarter pound respectively. However, accuracy varied between returns from different schools. It was apparent in some cases that measurements had been recorded to the nearest unit. (See Appendix A).

All means quoted in this report are based on figures as recorded on the returns.

2.3. Age

The age of each child has been taken to the nearest month. The children in each of the three chosen years of age are by no means evenly distributed among the twelve months in the year, and in general the mean ages do not fall in the centres of the three age groups (see Appendix B). Since both mean height and weight increase with age, differences in mean age must be allowed for when comparing different sets of children within an age group.

3. Mean Heights and Weights-1962

Table 1 gives the observed mean heights and mean weights of boys and girls by age-group and neighbourhood. Also shown are the mean ages of the children in each sub-group. In subsequent tables, differences in mean ages within an age group have been allowed for by adjusting measurements to common mean ages. Adjustments are based on estimated growth rates during the age ranges concerned, details of which are given in Appendix C.

Age-adjusted mean heights and weights are given in Table 2. In line with previous work, the adjusted values refer to mean ages of 6.50, 11.30 and 14.70 years for both boys and girls.

Also given in Table 2 are the standard errors of the means. There is a chance of only 5 in 100 that a mean will be in error by more than twice its standard error (s.e.).

4. Comparison of Neighbourhoods—1962

It will be seen from Table 2 that without exception, the mean measurements for A neighbourhoods are greater than those for B neighbourhoods. The heights and weights for B neighbourhoods are



in turn greater than for C neighbourhoods except in the case of the weight of 14 year old girls. The consistent gradation of values from one type of neighbourhood to another is in itself a strong indication that the differences are real, i.e. not due to sampling fluctuations alone.

In Table 3, the differences in age-adjusted measurements between A and B, B and C neighbourhoods, can be compared with the standard errors of these differences. A difference as great as, or greater than, twice its standard error can be regarded as "real" at the 5% level of significance. All differences marked with an asterisk are significant at the 5% level. The mean values are shown in Figure 1.

It is apparent that differences still survive between children from the three types of neighbourhood. All differences in height, except A minus B for 14 year old boys, are significant. Comparisons of weight involve relatively greater standard errors, and though differences certainly exist in some cases, significance is only attained in four of the twelve comparisons.

5. Comparison of Three Surveys —1952, '57 and '62

The mean heights and weights obtained in each of the three quinquennial surveys so far conducted are shown in Table 4. The associated standard errors are also given. The mean values are plotted in Figure 2 which shows upward trends in both height and weight at all ages.

Table 5 shows the differences in measurements from 1957 to 1962 and from 1952 to 1962, which can be compared with their standard errors. All differences are increases and asterisks indicate values which are significant at the 5% level. Differences for the 11 and 14 year old children are all significant. For 6 year olds the increases, if real, are too slight to attain significance.

On average, the differences in both height and weight between 1952 and 1962 are about double the differences between 1957 and 1962. Measurements can therefore be assumed to have increased at a more or less constant rate over the past ten years and the trend towards increased height and weight may be expected to continue.

6. Between Survey Comparison of Neighbourhoods

6.1. Mean heights of children by neighbourhood for each of the three Brimingham surveys are given in Table 6a together with their standard errors. Corresponding figures for weight appear in Table 6b.

Interest in neighbourhood comparisons between surveys centres on groups A and C. For instance it may be asked whether changes in mean measurements for the A and C groups follow the overall pattern. Table 7 gives changes in mean height and mean weight for A and C children. Differences can be compared with their standard errors in the usual way.

The definition of neighbourhood groups must be borne in mind when considering these results. A change in "C" measurements, for example, can only be associated meaningfully with "worst" neighbourhoods if the C rating accounts for a constant proportion of children in each survey. The actual percentages of children by neighbourhood in the three surveys are given below.

Percentage Distributions of Children by Neighbourhood

Maialabaurleand	Year of Survey						
Neighbourhood Rating	1952	1957	1962 12				
A	15	14					
В	56	75	77				
C	29	11	11				
All Neighbourhoods	100	100	100				

It will be seen that the "A" percentages remain fairly constant but the "C" percentage in 1952 is more than double the value for 1957 and 1962. It is not known to what extent this change of definition will affect results so that the comparison between "C" neighbourhoods in 1952 and 1962 must be viewed with caution. "C" comparisons between 1957 and 1962 and all "A" comparisons are however straightforward.

The majority of the differences in Table 7 are positive (1962 results greater than those for 1952 or 1957) and none of the negative results is significant at the 5% level. The changes can be compared with the overall changes of Table 5. Over the ten year period 1952 to 1962, differences in height fall short of the overall differences with only two exceptions (11 year old "A" boys and 14 year old "C" girls where the differences are equal). On average the *increase* in height lags by about 0.3 inches in both the A and C groups. Over the five year period 1957 to 1962 there is no consistent effect. About half the results fall short of the overall changes in height while the remainder are in excess.

Similar conclusions hold in respect of weight. Between 1952 and 1962 *increases* in weight lag behind the overall values by an average of about one pound in A districts and one third of a pound in C districts. There is again no consistent effect between 1957 and 1962.

These results may be taken to indicate that changes in measurements have tended to be less pronounced in "best" and "worst" neighbourhoods than among children as a whole.

6.2. Geographical Comparison

The neighbourhood rating of several schools has changed between surveys so that the geographical areas included under each heading will also have changed, assuming each school draws its pupils from a given area.

Using a list of schools showing changes of neighbourhood rating between 1957 and 1962 it was possible to recalculate mean heights and weights for 1962 according to the 1957 classification of schools. These mean values are given in Table 8 together with their standard errors. The neighbourhoods are denoted by A', B' and C', which denote respectively the same geographical areas as the A, B and C neighbourhoods of the 1957 survey.

The changes in mean height and mean weight for A' and C' groups between 1957 and 1962 are given in Table 9. A few of the positive differences attain significance, but none of the negative values, indicating a tendency for both height and weight to increase between 1957 and 1962. Comparing these results with the overall changes of Table 5, no consistent effect is apparent. About half the differences for both height and weight exceed, and half fall short of, the overall differences. Thus over a period of five years no differential effects are demonstrable in A' and C' areas as compared with children as a whole.

7. Comparison of Birmingham Results with other Areas

Several local education authorities publish data on the heights and weights of school children. Among these are Liverpool, London and Sheffield (See Refs. 4 to 6). Where data are available for the same age groups as in Birmingham this is compared in Table 10.

Liverpool has in common only the 14 year age group. In the absence of any information on mean age, the raw data only are quoted. The figures are all less than for Birmingham and even assuming a central mean age of 14.5 for Liverpool and adjusting to a mean age of 14.7 as in the Birmingham results, differences still remain in the same direction. (Adjusted Liverpool figures would be 63.4", 62.0", 113.2 lb. and 112.8 lb. in the order of the measurements in the first data column of Table 10). Liverpool also quotes data for "good", "fair" and "poor" neighbourhoods but it is not known what proportions of children fall into each group. However, as in Birmingham average height and weight increase from "poor" through "fair" to "good" neighbourhoods.

For London, mean ages are as shown so that the raw data can be adjusted in the same way as the Birmingham results (to mean ages of 6.5, 11.3 and 14.7 years). Standard errors have also been extracted, making it possible to test for significant differences between the London and Birmingham results. All the London results exceed the Birmingham results except the weight of six year old boys; and again with this exception, all differences are significant at the 5% level.

The Sheffield results unfortunately give no data on mean ages. However, since the data cover the majority of children at all school ages, it seems reasonable to assume central mean ages (6.5 years, etc.). On this basis, age adjustments have been applied as for the Birmingham results. Differences from the Birmingham results have been calculated but standard errors are not available for significance tests. However, all heights fall short of Birmingham values while all weights are greater. This surprising result may be due to different clothing allowances where weight is concerned. Sheffield also quotes figures for "good", "medium" and "poor" districts and these show increases in height and weight from "poor" through "medium" to "good" districts. However the percentages of children in the respective groups are 29%, 55%, and 16% compared with 12%, 77% and 11% in Birmingham (1962) so that no direct comparison is possible.

Results throughout the country all provide evidence of trends towards increased height and weight in rising generations of children. (Refs. 4—8). At age 14, the national average increase in height between 1950 and 1960 is 0.9" for boys and 0.3" for girls (Ref. 8, p.52). This compares with increases of 0.95" for boys and 0.40" for girls between 1952 and 1962 in Birmingham.

8. Summary

Mean height and weight have continued to increase during the years 1957 to 1962 at about the same rate as between 1952 and 1957. Over the last five years increases in mean height of boys aged 6, 11 and 14 have been about 1/10, $\frac{1}{4}$ and $\frac{1}{2}$ inch respectively; and for girls 1/10, $\frac{1}{4}$ and 1/5 inch. During the same period the increases in mean weight of boys were approximately $\frac{1}{4}$, 1 and 4 lbs. at ages 6, 11 and 14 respectively compared with 1/10, 2 and 4 lbs. for girls (Section 5 and Figure 2).

Differences in mean measurements associated with children from "best" "moderate" and "poor" neighbourhoods of the City still survive (Section 4 and Figure 1). There is some indication that increases in measurements over the years may be lower in "best" and "poor" districts than among children as a whole (Section 6).

On average, Birmingham children appear to be taller than Sheffield children but shorter than London children. The increase in height of 14 year old Birmingham children over the ten-year period 1952 to 1962 is in line with the national average (Section 7).

An attempt has been made in Appendix D to construct an objective measure of obesity among Birmingham children aged 11 and 14. It is hoped to be able to use this in future surveys, to determine whether obesity is on the increase. It is shown that for 1962 there is no significant difference in the overall incidences of obesity for the three neighbourhood groups although there appear to be rather more fat girls in C than in A neighbourhoods.

TABLE 1

Observed Mean Height (h, inches), Mean Weight (w, pounds) and Mean Age (y, years) by Sex Neighbourhood and Age last Birthday—Birmingham 1962

	y,	У	6.42	11.28	14.70	6.43	11.29	14.72
All	eignoontinoon	11	47.60	77.58	114.01	46.33	79.39	114.00
		11	45.73	55.94	63.96	45.37	56.11	62.22
		y	6.40	11.27	14.68	6.41	11.30	14.70
	С	111	46.63	75.74	110.96	44.06	79.12	113.72
		II	44.88	54.89	63.33	44.39	55.40	61.77
		У	6.41	11.29	14.71	6.43	11.30	14.72
po	В	Ш	47.44	77.36	114.59	16.12	79.24	113.89
Neighbourhood		II.	45.70	55.99	64.07	15.40	56.14	62.22
		У	6.52	11.24	14.64	6.44	11.28	14.73
	A	116	49.27	81.11	114.65	47.64	80.92	114.78
		lı .	46.42	56.67	64.17	45.96	56.62	62.53
Age	Birthday	(Sima ()	9	11	1;	9	11	14
			Boys			Girls		

TABLE 2

Age-Adjusted Mean Height (H, inches), and Mean Weight (W, pounds) by Sex Neighbourhood and Age last birthday—Birmingham 1962

		s.e.(W)	0.20	0.29	0.36	0.21	0.36	0.35	
All	cmoon mo	71	48.00	77.72	114.01	16.61	79.48	113.80	
Moiah	1 veigno	s.e.(H)	0.07	0.00	0.00	0.07	90.0	0.04	
		Н	45.91	55.99	63.96	45.53	56.13	62.19	
			s.e.(117)	0.85	0.87	0.92	89.0	1.22	1.29
	J	.11	47.13	75.95	111.24	44.42	79.12	113.72	
	,	s.e. (H)	0.28	0.18	0.15	0.24	0.20	0.14	
		Н	45.11	54.96	63.38	44.59	55.40	61.77	
		s.e.(1V)	0.21	0.33	0.42	0.23	0.40	0.40	
poor	В	W	47.89	77.43	114.45	46.70	79.24	113.69	
Neighbourhood		s.e. (H)	0.07	90.0	0.07	0.07	0.07	0.05	
Z		Н	45.90	56.01	64.04	45.56	56.14	62.19	
		s.e.(W)	0.57	0.95	1.02	0.85	1.16	0.87	
	A	М	49.17	81.53	115.49	47.88	81.10	114.48	
		s.e.(H)	0.21	0.20	0.17	0.24	0.20	0.12	
	.Age (1)		46.37	56.81	64.32	46.10	56.67	62.49	
			9	11	11	9	11	+	
			Boys			Girls			
				26					

Footnotes: (1) Entries adjusted to comply with mean ages of 6.50, 11.30 and 14.70 years.

s.e. Denotes standard error of mean value.

TABLE 3

Comparison of Mean Heights and Mean Weights between Neighbourhoods-Birmingham 1962

			5.6.	0.88	0.93	1.01	0.72	1.28	1.35
	t (pounds)	B less C	3.	0.8	0.0	1.(0.	1	
			Difference	0.76	1.48	3.21*	2.28*	0.12	-0.03
	Mean Weight (pounds)	A less B	5.6.	0.61	1.01	1.10	0.88	1.23	86.0
		A le	Difference	1.28*	4.10*	1.04	1.18	1.86	0.79
			5.6.	0.29	0.19	0.17	0.25	0.21	0.15
	tht (inches)		Difference	€62.0	1.05*	.0.66*	0.97★	0.74*	0.42*
	Mean Height (inches)		5.6.	0.22	0.21	0.18	0.25	0.21	0.13
		A less B	Difference	0.47*	0.80*	0.28	0.54*	0.53*	0.30*
		Age (1)		9	quanti		9		** *
				Boys			Girls		
Ĺ				1	27		1		

Footnotes: (1) Entries adjusted to comply with mean ages of 6.5, 11.3 and 14.7 years.

s.e. Denotes standard error of difference.

^{*} Denotes a significant difference at the 5% level.

TABLE 4

Mean Height (H, inches) and Mean Weight (W, pounds) by Sex and Age Birmingham 1952, 57 and 62

		s.e. (IV)	0.20	0.29	0.36	0.21	0.36	0.35							
	1962	h Demih Demin	48.00	77.72	114.01	46.61	79.48	113.80							
		s.e. (H)	0.07	90.0	90.0	0.07	90.0	0.04							
	-	Н	45.91	55.99	63.96	45.53	56.13	62.19							
	1957	s.e. (W)	0.17	0.29	0.34	0.18	0.31	0.33							
ey		11.	47.71	76.76	110.04	46.51	77.51	110.02							
Year of Survey		s.e. (H)	90.0	90.0	90.0	0.06	0.07	0.05							
		Н	45.82	55.72	63.53	45.43	55.91	62.02							
	1952	s.e. (W)	0.15	0.36	0.55	0.18	0.14	0.40							
		41	47.52	73.18	108.27	46.39	74.00	108.03							
		195	195	195	1952	195	195	195.	195.	s.e. (H)	0.07	0.10	0.10	0.08	0.10
		H	45.87	55.32	63.01	45.43	55.39	61.79							
	.4ge (1)		9	=	4	9		7							
			Boys			Girls									
			`	28											

Footnotes: (1) Entries adjusted to comply with mean ages of 6.5, 11.3 and 14.7 years

s.e. Denotes standard error of mean value.

TABLE 5

Changes in Mean Height and Mean Weight 1957 to 1962 and 1952 to 1962

			Mean Hei	Mean Height (inches)			Mean 1	Mean Weight (pounds)	
	Age (1)	1962 1	1962 less 1957 value	1962 less 1952 value	952 value	1962 less	1962 less 1957 value	1962 less 1	1962 less 1952 value
		Difference	s.e.	Difference	5.6.	Difference	s.e.	Difference	5.6.
Boys	9	0.09	60.0	0.04	0.10	0.29	0.26	0.48	0.25
	11	0.27*	0.08	×4.000	0.12	* 96.0	0.41	4.54*	0.46
	14	0.43*	80.0	0.95*	0.12	3.97*	0.50	5.74*	99.0
Girls	9	0.10	60.0	0.10	0.09	0.10	0.28	0.22	0.28
	11	0.22*	0.09	0.74*	0.12	1.97*	0.48	5.48*	0.57
	14	0.17*	90.0	0.40*	60.0	3.78*	0.48	5.77*	0.53

Footnotes: (1) Entries adjusted to comply with mean ages of 6.5, 11.3 and 14.7 years.

s.e. Denotes standard error of significance.

^{*} Denotes significance at the 5% level

TABLE 6a Mean Heights of Children by Neighbourhood—Birmingham 1952, 57 and 62

	urlioods	5.6.	0.07	0.06	0.10	90.0	90.0	0.10	0.00	0.06	0.08	90.0	0.07	0.10	0.07	0.06	0.08	0.05	0.04
114	Neighbourhoods	Mean	45.87	45.82 45.91	55.32	55.72	55.99	63.01	63.53	63.96	45.43	45.43	45.53	55.39	55.91	56.13	61.79	62.02	62.19
		5.6.	0.12	0.22	0.18	0.16	0.18	0.21	0.19	0.15	0.13	0.20	0.24	0.17	0.18	0.20	0.12	0.15	0.14
	0 -	Mean	45.26	44.87	54.96	55.19	54.96	62.65	63.12	63.38	44.78	44.74	44.59	54.95	54.86	55.40	61.37	61.17	61.77
irhood		5.6.	0.10	0.07	0.12	0.07	90.0	0.12	0.07	0.07	0.00	0.07	0.07	0.13	0.08	0.07	0.09	0.02	0.05
Neighbourhood	B	Mean	45.85	45.85	55.40	55.73	56.01	63.13	63.47	64.04	45.48	45.42	45.56	55.28	55.97	56.14	61.74	62.07	62.19
		5.6.	0.19	0.19	0.27	0.14	0.20	0.31	0.15	0.17	0.38	0.17	0.24	0.29	0.18	0.20	0.26	0.11	0.12
	A	Mean	46.85	46.46	55.82	56.52	56.81	63.43	64.06	64.32	46.18	45.98	46.10	56.91	56.50	56.67	62.43	62.32	62.49
	Year of Survey		1952	1957 1962	1952	1957	1962	1952	1957	1962	1952	1957	1962	1952	1957	1962	1952	1957	1962
.4ge (1)		1386 (1)	9		11			14			9							7	
			Boys								Girls								
								30											

Footnotes: (1) Entries adjusted to comply with mean ages of 6.5, 11.3 and 14.7 years. s.e. Denotes standard error of mean value.

TABLE 6b

Mean Weights of Children by Neighbourhood-Birmingham 1952, 57 and 62

					1				
		All Neighbourhoods		0.15 0.17 0.20	0.36 0.29 0.29	0.55 0.34 0.36	0.18 0.18 0.21	0.44 0.31 0.36	0.40 0.33 0.35
		Neighb	Mean	47.52 47.71 48.00	73.18 76.76 77.72	108.27 110.04 114.01	46.39 46.51 46.61	74.00 77.51 79.48	108.03 110.02 113.80
			s.e.	0.35 0.64 0.85	0.67 0.77 0.87	0.92 1.07 0.92	0.34 0.61 0.68	0.72 0.87 1.22	0.70 0.96 1.29
		0	Mean	46.67 46.84 47.13	73.07 75.79 75.95	106.21 110.46 111.24	45.65 45.77 44.42	73.01 75.46 79.12	106.81 108.49 113.72
)	urhood		5.6.	0.19 0.18 0.21	0.47	0.70 0.40 0.42	0.22 0.20 0.23	0.59 0.36 0.40	0.58 0.38 0.40
	Neighbourhood	B	Mean	47.35 47.68 47.89	72.96 76.53 77.43	109.10 110.83 114.45	46.19 46.33 46.70	73.05	107.63 110.09 113.69
			s.e.	0.43 0.60 0.57	1.01 0.82 0.95	2.11 0.83 1.02	0.48 0.58 0.85	1.40 0.88 1.16	0.90 0.80 0.87
		A	Mean	49.56 48.70 49.17	74.54 79.11 81.53	109.93 112.24 115.49	48.04 48.16 47.88	79.98 79.70 81.10	110.50 110.68 114.48
)		Year of	34110	1952 1957 1962	1952 1957 1962	1952 1957 1962	1952 1957 1962	1952 1957 1962	1952 1957 1962
		A 100 (1)	(1)	9	11	14	9	11	14
				Boys			Girls		
].									

Footontes: (1) Entries adjusted to comply with mean ages of 6.5, 11.3 and 14.7 years. s.e. Denotes standard error of mean value.

TABLE 7

Changes in Measurements in A and C neighbourhoods Birmingham 1957 to '62 and 1952 to '62

				s.e.	2	0.	00	9,	5	17
					0.92	1.10	1.30	0.76	1.42	1.47
		1962 less 1952	O	Diff.	0.46	2.88*	5.03*	-1.23	6.11*	6.91*
		1962 le		s.e.	0.71	1.39	2.34	0.98	1.82	1.25
	(165.)		A	Diff.	-0.39	¥66.9	5.56*	-0.16	1.12	3.98*
	Weight (lbs.)			s.e.	1.06	1.16	1.41	0.91	1.50	1.61
		1962 less 1957	O	Diff.	0.29	0.16	0.78	-0.35	3.66*	5.23*
		1962 le		s.e.	0.83	1.25	1.32	1.03	1.46	1.18
			A	Diff.	0.47	2.42	3.25*	-0.28	1.40	3.80*
				5.6.	0:30	0.25	0.26	0.27	0.26	0.18
		1962 less 1952	O	Diff.	-0.15	0.00	0.73*	-0.19	0.45	0.40*
		1962 le		5.6.	0.28	0.34	0.35	0.45	0.35	0.29
	(ins.)		А	Diff.	-0.48	*66.0	*68.0	-0.08	-0.24	0.06
	Height	1962 less 1957		5.6.	0.36	0.24	0.24	0.31	0.27	0.21
			O	Diff.	0.24	-0.23	0.26	-0.15	0.54*	¥09°0
		1962 le		s.e.	0.28	0.24	0.23	0.29	0.27	0.16
			A	Diff.	-0.09	0.29	0.26	0.12	0.17	0.17
			Age (1)		9	11	-	9	11	14
					Boys			Girls		
l				`		32				

Footnotes: (1) Entries adjusted to comply with mean ages of 6.5, 11.3 and 14.7 years.

Denotes standard error of a difference. 5.6.

Indicates a significant difference at the 5% level.

TABLE 8

Mean Heights and Mean Weights of Children from A', B' and C' Neighbourhoods (2) Birmingham 1962

		9:	0.79	0.85	0.97	0.63	1.23	1.26
	<u>ن</u>	5.6.	0.	0.	0.	0	-	1.
		Mean	48.33	75.41	109.96	44.44	79.16	113.08
ight (lbs.)	^_	5.6.	0.22	0.33	0.43	0.23	0.40	0.40
Mean Weight (lbs.)	B	Mean	47.87	77.55	114.15	46.78	79.50	113.51
	*	s.e.	0.57	0.87	0.91	0.85	1.15	0.82
	A,	Mean	49.17	80.41	116.31	47.88	81.90	114.70
		s.e.	0.26	0.19	0.16	0.22	0.20	0.14
	C,	Mean	45.59	54.92	63.24	44.83	55.46	61.77
t (ins.)	3,	5.6.	0.07	90.0	0.07	0.07	0.08	0.05
Mean Height (ins.)	B	Mean	45.92	55.97	63.98	45.56	56.24	62.15
		5.6.	0.21	0.19	0.15	0.24	0.20	0.11
	A,	Mean	46.37	56.87	64.30	46.10	56.87	62.49
	Age (1)		9	11	14	9	11	14
		,	Boys			Girls		

Footnotes: (1) Entries adjusted to comply with mean ages of 6.5, 11.3 and 14.7 years.

Neighbourhood is here to be interpreted as the specific areas of the City designated as A, B and C in the 1957 survey. (2) Neighbourhood is here to be interpreted s.e. Denotes standard error of a mean value.

TABLE 9

Changes in Mean Measurements in A' and C' Neighbourhoods (2) of Birmingham between 1957 and 1962

							1	
		5.6.	1.02	1.15	1.44	0.88	1.51	1.58
(lbs.)	C	Difference	0.89	-0.11	-0.14	-0.34	3.68*	4.91*
Weight (lbs.)		5.6.	0.83	1.20	1.23	1.03	1.45	1.15
	A,	Difference	0.47	1.86	3.66*	-0.28	1.80	3.91*
	Û	5.6.	0.34	0.25	0.25	0.30	0.27	0.21
(ins.)		Difference	0.48	-0.25	0.19	-0.03	0.57*	*09°0
Height (ins.)	A'	5.6.	0.28	0.24	0.21	0.29	0.27	0.16
	A	Difference	-0.09	0.32	0.25	0.12	0.27	0.20
	Age (1)		9	11	4	9	11	14
			Boys			Girls		
			1					

Footnotes: (1) Entries adjusted to comply with mean ages of 6.5, 11.3 and 14.7 years.

Neighbourhood is here to be interpreted geographically as the specific areas of the City designated by A, B and C in 1957. (2)

s.e. Denotes standard error of a difference.

Indicates a significant difference at the 5% level.

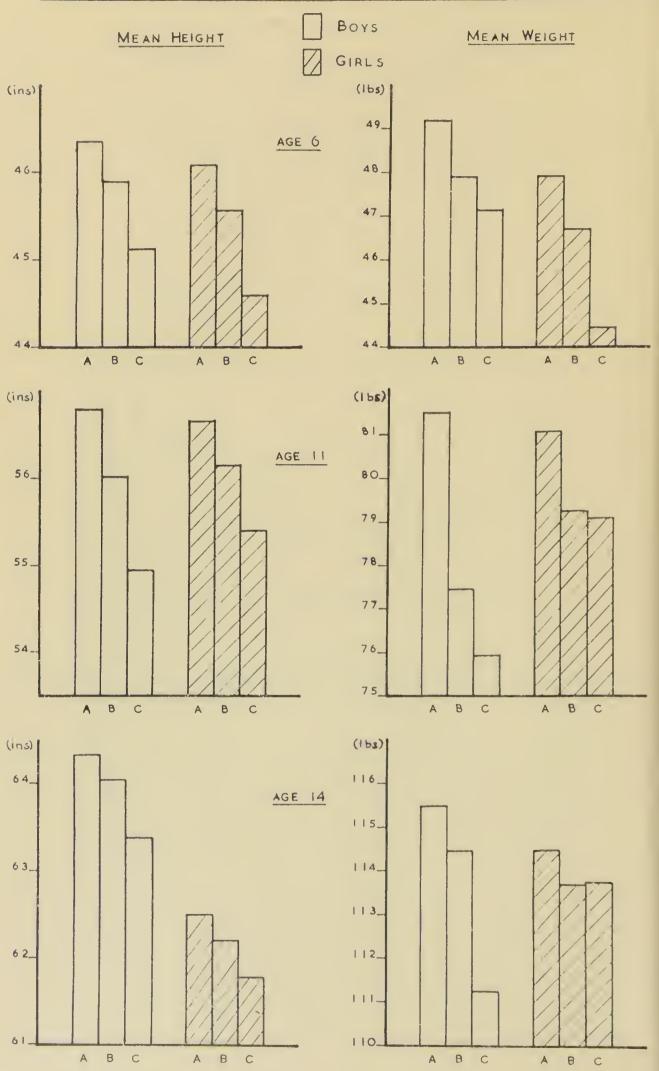
TABLE 10

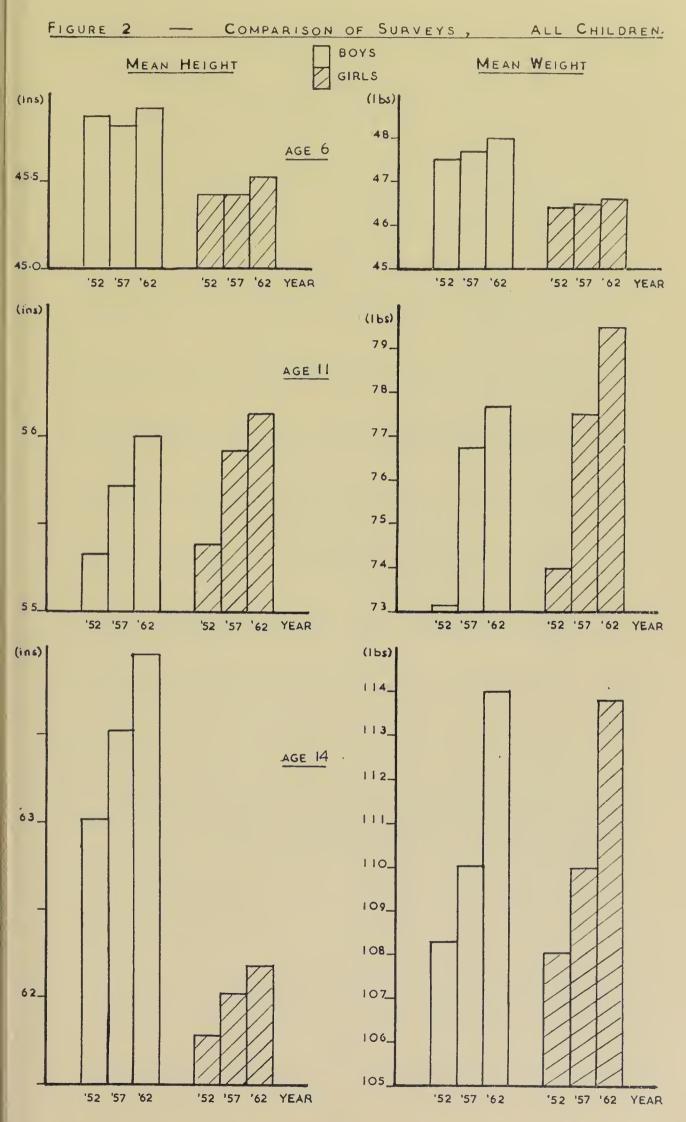
Comparison of Birmingham Results with other Surveys

	Sheffield LESS B'ham			0.16 0.11 0.02		0.39 2.10 1.93	0.91 2.03 1.59
1961 (3)	Adjusted Data		45.63 55.67 63.70	45.37 56.02 62.17		48.39 79.82 115.94	47.52 81.51 115.39
Sheffield 1961 (3)	Assumed Mean Age		6.5 11.5 14.5	6.5 11.5 14.5		6.5 11.5 14.5	6.5 11.5 14.5
	Raw Data		45 63 56.12 63.20	45.37 56.47 61.92		48.39 81.22 113.14	47.52 83.31 113.39
	s.e. of difference		0.10 0.09 0.12	0.10		0.30 0.51 0.76	0.32 0.62 0.68
	Less B'ham	ins.)	0.26 0.63 0.81	0.41 0.97 0.71	(lbs.)	0.42 2.10 2.01	0.67 2.99 1.19
London 1959 (2)	Adjusted Data	Mean Height (ins.)	46.17 56.62 64.77	45.94 57.10 62.90	Mean Weight (lbs.)	47.58 79.82 116.02	47.28 82.47 114.99
Lond	Given Mean Age		6.45 11.49 14.46	6.47 11.47 14.46		6.45 11.49 14.46	6.47 11.47 14.46
	Raw Data		46.06 57.05 64.17	45.87 57.48 62.60		47.33 81.15 112.66	47.16 84.00 112.59
1961 (1)	Liverpool LESS B'ham		1:1	-0.5		-3.6	-3.0
Liverpool 1961 (1)	Raw Data		62.9	61.7		110.4	110.8
	Аде		6 11 14	6 11 14		6 11 14	6 11 14
			Boys	Girls		Boys	Girls

Adjusted data refer to mean ages of 6.5, 11.3 and 14.7 years in line with Birmingham figures. Footnote:

Sources: (1) Ref 6 p.13-4; (2) Ref 5 p.18-21 (results converted from cm. and kg.); (3) Ref 4 p.68-9.





REFERENCES

- 1. School Health Service Report for 1953, City of Birmingham. (pp. 17—24).
- 2. School Health Service Report for 1957, City of Birmingham. (pp. 79—101).
- 3. The Heights and Weights of Boys and Girls. Sutcliffe and Canham. John Murray 1950.
- 4. School Health Service Report for the year ended 31st December, 1961. City of Sheffield. (pp 17, 66—70).
- 5. Report on the Heights and Weights of School Pupils in the County of London in 1959. L.C.C.
- 6. School Health Service Report 1961—City of Liverpool. (pp.13—16).
- 7. The Health of the School Child 1960—1. H.M.S.O. (pp. 6—13).
- 8. Proceedings of the Nutrition Society. Vol. 22 No. 1. 1963. C.U.P. (pp. 51—4).

Acknowledgement is made to the Computing staff of the Central Statistical Office who were responsible for a large amount of the calculations on which this report was based.

APPENDIX A

Accuracy of Height and Weight Measurements

It became apparent during the analysis of results that an undue proportion of measurements was recorded at integral values. This is illustrated by the height data for eleven year old girls. Excluding 8 outlying values, the distribution of children according to height is as shown below:

Distribution of 11 year old Girls by Height

	Height									
Inches		Fraction o	f an inch	Total in inch range						
inches	0	1/4	1/2	34	inen runge					
47	1 7	1	3 7 8	0	5					
48 49	7 6	0 2 4	/ 	1 1	15 17					
50	15	4	16		41					
51	26	6	18	6 7	57					
52	58	15	44	16	133					
53	94	24	53	22	193					
54	117	31	84	26	258					
55	135	31	94	23	283					
56	101	38	87	24	250					
57	136	47	66	22	271					
58	106	21	62	19	208					
59	93	24	48	9	174					
60 61	73 34	9 13	21 20	8 1	111 68					
62	25	13	8		39					
63	17	3 3	1	3 0	21					
64	4	0	4	0	8					
Totals %	1,048 48.7	272 12.7	644 29.9	188 8.7	2,152 100.0					

If measurements were accurate to the nearest quarter-inch, then the totals under each fraction of an inch would be approximately equal at 538 observations. It will be seen that there is a marked preference for integral values, and to a lesser extent for half-inch measurements.

From a statistical point of view, measurements made to the nearest half-unit (or unit, even) would be sufficiently accurate for the purpose of the survey. Also, if conformity could be obtained in recording

measurements to the nearest half-unit, this would mean a saving in computational labour. It is therefore suggested that in future, observers should be asked to record measurements to the nearest half-unit.

APPENDIX B Age Distributions

The distributions of boys from "B" neighbourhoods, by months of age, are tabulated below. The data are illustrated in the accompanying Figure.

Age distribution of Boys from "B" Neighbourhoods, 1962

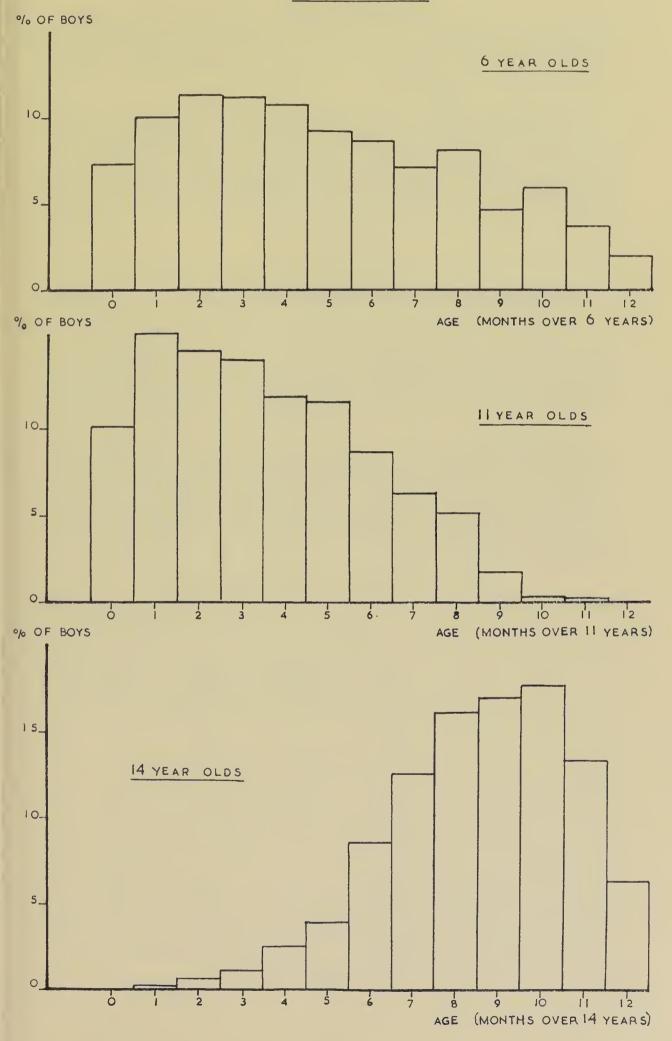
		Age (1)					
			Yea	rs			
Months		6	1	1	14		
Months	No.	%	No.	%	No.	%	
0	68	7.3	175	10.1	1	0.0	
1	94	10.1	270	15.5	2	0.1	
2	105	11.3	253	14.5	14	0.6	
3	104	11.2	244	14.0	25	1.1	
4	101	10.8	207	11.9	58	2.5	
5	85	9.1	203	11.7	90	3.9	
6	80	8.6	152	8.7	199	8.6	
7	66	7.1	108	6.2	293	12.6	
8	76	8.2	88	5.1	375	16.1	
9	44	4.7	32	1.8	396	17.0	
10	55	5.9	7	0.4	412	17.7	
11	34	3.7	2	0.1	312	13.4	
12	19	2.0	0	0	149	6.4	
TOTALS	931	100.0	1,741	100.0	2,326	100.0	
Mean ages for Boys (years)		6.41		11.29		14.71	
Corresponding mean for girls		6.43		11.30		14.72	

(1) To nearest month

The total school population in the three age ranges considered is presumably spread evenly between months. However, the above data show pronounced systematic deviations from rectangular distributions. The corresponding distributions for girls are similar, as is reflected by

(Continued on page 42)

AGE IN MONTHS



the closeness of the mean ages given in the above table. Mean ages in the 1952 and 1957 surveys are also fairly consistent. It must therefore be inferred that the sampling procedure used in Birmingham gives biased samples as regards age.

Knowledge of this bias means that caution is necessary when comparing Birmingham results with those from other parts of the country. Nominally identical age groups may differ considerably in mean age due to varying methods of obtaining the basic data. No direct comparison is valid unless the mean age is known.

APPENDIX C

Standardisation of Mean Measurements with respect to Age

Differences between the mean ages of two sets of children in a given age group may be expected to be associated with differences in the mean heights and weights. Allowance can be made for this by using factors for estimated growth in the three age-ranges considered.

In the 1952 and 1957 reports (Refs. 1 and 2), growth rates were estimated from Reference 3 which relates to a national sample survey carried out in 1948, An attempt has been made to check the reliability of these growth rates by comparing them with figures estimated from more recent data (References 4 and 5). The three sets of growth rates are given in the table below.

Annual Increases in Mean Height and Mean Weight

		Воу	S	Girls			
Source	Age Group	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)		
Ref 3(1)	6 11 14	2\frac{1}{2\frac{1}{4}} 2\frac{1}{2}	5 7 14	2\frac{1}{4} 2\frac{1}{4}	4 9 10		
Ref 4(2)	6 11 14	2.4 1.9 2.4	5.5 7.9 11.8	2.4 2.4 1.2	5.7 10.2 6.1		
Ref 5(3)	6 11 14	2.4 2.1 2.6	5.4 8.8 12.3	2.4 2.5 1.0	5.6 10.9 6.1		

⁽¹⁾ pp. 6—7

⁽²⁾ pp. 66—7 (3) pp. 30—1.

In the case of Reference 3, annual growths were derived directly as the difference in mean heights and mean weights at the beginning and end of each year age-range.

Reference 4 relates to Sheffield school children in 1961. The data consist of mean heights and mean weights of children for all years of age. Mean ages are assumed, for the present purpose, to fall in the centre of each age range, e.g. the mean age for six year olds is taken as 6.5 years. The annual rate of increase in e.g. height of six year old boys is calculated as half the difference in height of boys aged seven and five years.

Reference 5 relates to school children in London in 1959. Measurements correspond to central mean ages (5.5 years, etc.) and growth rates have been obtained in the same way as from Reference 4.

On the assumption that measurements increase linearly with age over a period of two years the growth rates from all three sources are directly comparable. In fact, the method used for Reference 3 implies linear growth over one year only.

Although the three sets of growth rates refer to different populations of children, they appear to be in fair agreement. Such differences as exist are not critical in the present context since the discrepancies between the observed and adjusted mean ages are small (maximum 0.10 years). This being so, the adjustments used in this report are based on the first set of growth rates to maintain consistency with the earlier reports.

Example of use

For six year old boys from B neighbourhoods, the observed mean height is 45.70 inches, corresponding to a mean age of 6.41 years. Adjusted to a mean age of 6.50, this becomes:

$$45.70 + 2.25 \times (6.50 - 6.41) = 45.90$$
 inches.

APPENDIX D

Incidence of Obesity among Birmingham Children

1. General

During the past few years there have been suggestions that obesity among school children is on the increase (e.g. Ref. 7). With this in mind it was decided to use the 1962 Birmingham data on heights and weights to determine an objective criterion of obesity for boys and

girls aged 11 and 14. By applying this same criterion in a future survey it will be possible to compare the incidence of obesity among Birmingham children at the two dates.

The criterion of obesity for boys or girls in a given year of age takes the form of a limiting weight corresponding to each height (to the nearest inch). Any child whose weight exceeds the limiting weight for his height is defined as obese. Limiting weights for boys and girls aged 11 and 14 are given in the attached Table E, and it will be appreciated that such a table is very simple to use—an important factor when large numbers of children are involved.

2. Method

The method of obtaining the limiting weights is described below with reference to eleven year old girls.

The data were first grouped according to height in inch ranges; e.g. the heights $54\frac{1}{2}$, $54\frac{3}{4}$, 55 and $55\frac{1}{4}$ in. comprise a single height group with central value $54\frac{7}{8}$ in. Extreme height groups (below $48\frac{7}{8}$ and above $62\frac{7}{8}$) which contained 10 or fewer results were combined. The mean weight for each height group is shown in the attached Table A, and mean weights (shown by crosses) for groups containing over 10 observations are plotted against height in the accompanying Figure. For heights between $50\frac{7}{8}$ and $61\frac{7}{8}$ in., the points follow a straight line relationship very closely, but there is some deviation at both extremes. The straight line shown was fitted to the data by the method of least squares. It gives an estimate of the "true" mean weight for given height in the range $50\frac{7}{8}$ to $61\frac{7}{8}$ in., and provides the predicted weights of Table A.

The criterion of obesity has been based on the following considerations. In general terms an obese child is one whose "bulk" is very much above the average for his height. Assuming that weight is proportional to "bulk", then for a given height, a child whose weight exceeds the mean weight by more than a specified amount may be described as obese. Also, the limiting weight must increase proportionately with the mean weight for different heights if it is to reflect the same degree of bulkiness over the whole range of heights. Hence the limiting weights are defined as a constant proportion of mean weight. The constant has been determined in such a way that approximately 5% of the children in a given age group are excluded as obese.

In the case of 11 year old girls the limiting weights are given by 1.285 x mean weight. For heights in the range $50\frac{7}{8}$ — $61\frac{7}{8}$ in. estimates of mean weight are given by the fitted line. However 104 or $5\frac{9}{6}$ of the

2,160 girls have heights outside this range and there are insufficient numbers to give reliable estimates of "true" mean weights for individual inch ranges. Instead, results have been combined to give a single estimate of mean weight and the limiting weight is based on this. The mean weight of girls in height groups under $50\frac{7}{8}$ in. is 59.1 lbs., actually higher than the weight (58.5 lb.) predicted by the line for the $51\frac{7}{8}$ in. height group. In such a case, the limiting weight has been assumed to be the same as that corresponding to the lowest weight predicted by the line. The mean weight for height groups above $61\frac{7}{8}$ in. is 110.0 lbs. which is greater than the highest predicted weight (101.8 lbs.) and in this case the limit was taken as 1.285 x 110.0 or 141 lbs. approximately. In this way the criterion has been extended to cover all 2,160 girls. The resulting limit is shown in the Figure as a broken line.

The analyses for 11 year old boys and 14 year olds followed a similar course and the results appear in Tables B-D. In each case a fitted line was applicable to height groups accounting for at least 95% of the children. Extreme height groups were treated in a similar way to that desribed for the 11 year old girls.

For general use, limiting weights corresponding to height groups centred on integral values are given in Table E.

3. Results

Although the criterion of obesity was primarily devised to detect changes (if any) in the incidence of obesity in future years, it has also brought to light some interesting comparisons within the 1962 data.

Table E gives the following comparisons of mean weights and limiting weights for the four groups of children:—

(i) 11 year old boys and girls:

The mean weights for given height of 11 year old girls are almost the same as for boys, being identical at the lower end of the tabulated heights and rising to 2 lb. heavier at the upper end.

Limiting weights for each group were calculated to exclude approximately 5% of the children as obese. The resulting limiting weights for girls are greater than for boys. This means that a borderline obese boy is less fat than a borderline girl. Alternatively, the same limiting weight applied to boys and girls of a given height would result in a greater number of girls than boys being described as obese. In this sense there are more fat girls than boys.

(ii) 14 year old boys and girls:

The mean weights for given height of 14 year old girls are somewhat higher than for boys. At height 4 ft. 9 in. girls are on average 10 lb. heavier than boys while at 5 ft. 5 in. the difference is reduced to 7 lb. The comparatively wide range of heights tabulated for boys is a reflection of the greater variability in height of boys at age 14 as compared with the other groups of children.

As for 11 year olds, the limiting weights for girls are greater than for boys, relative to mean weight.

(iii) 11 and 14 year old boys:

It will be noted that there is a considerable overlap in the tabulated heights. At 4 ft. 9 in. the mean weights quoted are identical for both age groups. At greater heights the mean weights diverge, 14 year olds being 4 lb. heavier than 11 year olds at height 5 ft. 1 in.

The ratio of limiting weight to mean weight is the same for both age groups, viz: 1 · 22. Now in deriving the limiting weights it was only assumed that the ratio would be constant within each group. The fact that the same constant holds for both groups of boys lends strength to the original assumption.

(iv) 11 and 14 year old girls:

Here again there is a considerable overlap in the tabulated heights. At 4 ft. 9 in. the 14 year olds are on average 8 lb. heavier than 11 year olds. At 5 ft. 2 in. the difference rises to 11 lb. Thus for given height there is a far greater difference between the mean weights of girls aged 11 and 14 than between boys.

The ratio of limiting weight to mean weight is the same for both age groups, viz: 1 · 285. This is higher than for boys as a result of the greater variability in the weights of individual girls of a given height as compared with boys. The limiting weights for girls correspond to a greater degree of plumpness than do those for boys i.e. different standards apply in judging boys and girls.

The final columns of Tables A to D give the observed incidences of obesity in 1962 by neighbourhood group. The last column expresses the total incidence of obesity for each height group as a percentage of the total number of children in the height group. Bearing in mind that the percentages for extreme height groups are unreliable owing to the small numbers of children concerned, it can be seen that in

general the percentages are higher in the lower half of the table than in the upper. The tendency is most marked among 11 year olds (Tables A and C). The following incidences of obesity are obtained for children of above and below average height (excluding those children actually in the inch group containing the mean height of Table 1):

		Group containing	% incidence of obesity			
		Mean Height (in.)	Below mean	Above mean		
Girls aged 11 Girls aged 14	 	55 7 61 7 8	3.7 4.9	6.9 5.9		
Boys aged 11 Boys aged 14	 	55 7 63 7 63 8	3.2 4.3	7.6 5.1		

For both groups of 11 year olds the percentages obtained for children of above and below mean height differ significantly (at the 5% level). At 14 years, the difference is no longer significant, though "in the same direction" as the previous result. Thus, if the limiting weights are assumed to be a realistic measure of obesity, it appears that obesity is more common among children who are of above average height for their age.

The overall percentage incidences of obesity by neighbourhood appear at the bottom of Tables A to D. These are as follows:

		% incidence of obesity by neighbourhood									
		A	В	С	All						
Girls aged 11 Girls aged 14		 5.5 3.7	5.0 5.4	7.1 6.7	5.3 5.3						
All girls		 4.2	5.3	6.9	5.3						
Boys aged 11 Boys aged 14	• •	 7.2 5.6	4.9 5.2	5.6 4.3	5.2 5.1						
All boys		 6.2	5.1	4.7	5.1						
All children	••	 5.2	5.2	5.6	5.2						

The figures do not show any consistent relationship between incidence of obesity and neighbourhood. The percentage incidences for all children do not differ significantly. However among girls there is a significantly higher incidence of obesity in C than in A neighbourhoods. Among boys, the incidence is higher but not significantly higher in A than in C neighbourhoods.

TABLE A

Incidence of Obesity among 11 year old Birmingham Girls—1962

Height	Observed Mean	Predicted (1)	Limiting (2)	Inc	idence	of O	besity	Total ch'dren	% Incid-
group (ins.)	Weight (lbs.)	Weight (W, lbs.)	Weight (lbs.)	A	В	C	Total	in height group	ence of Obesity
47 ² / ₈ or less 48 ⁷ / ₈ 49 ⁷ / ₈ 50 ⁷ / ₈	54.25 63.97 59.03 59.99	58.46	75 75	1	3	0	4	$ \begin{array}{c} $	6.7
517 517 527 537 537	63.96 67.31 69.02	62.40 66.34 70.28	80 85 90	()	2 7 5	1 1	3 9 7	98 178 223	3.1 5.1 3.1
55 8 54 7 55 7 56 7 56 7	74.02 77.28 81.03	74.22 78.16 82.10	95 100 105	1 2 2	7 8	1 1 3	9 11 16	276 256 294	3.3 4.3 5.4
50 8 57 7 58 7 59 7 59 7	86.52 91.20 94.08	86.04 89.98 93.92	111 116 121	0 0 1	12 15 6	4 2 2	16 17 9	215 198 139	
60 ⁷ / ₈ 61 ⁷ / ₈ 62 ⁷ / ₈	98.32 101.67 109.70	97.86	126 131	1	4	()	5 2	76 49	6.6
63% or more	110.83	} -	141	1	4	0	5	44 13	\frac{11.4}{
TOTAL OBESE					85	17	114		
Total Children in Neighbourhood					1701	239		2160	
% Incidence	% Incidence of Obesity					7.1			5.3

Footnotes: (1) W=3.94 H-141.99 for height (H) in the range $50\frac{7}{8}$ to $61\frac{7}{8}$ in.

⁽²⁾ Given by 1.285 W for height (H) in the range $50\frac{7}{8}$ to $61\frac{7}{8}$ in. See text for extreme values.

TABLE B
Incidence of Obesity among 11 year old Birmingham Boys—1962

Height	Observed Mean	Predicted		Inc	idence	of O	besity	Total ch'dren	% Incid-
group (ins.)	Weight (lbs.)	(1) Weight (W, lbs)	(2) Weight (lbs.)	A	В	С	Total	in height group	ence of Obesity
49 ⁷ / ₈ or less 50 ⁷ / ₈ 51 ⁷ / ₈ 52 ⁷ / ₈ 53 ⁷ / ₈ 54 ⁷ / ₈ 55 ⁷ / ₈ 56 ⁷ / ₈ 59 ⁷ / ₈ 60 ⁷ / ₈	62.99 60.51 64.52 66.54 70.07 72.36 76.13 81.02 84.85 88.65 93.05 97.78	58.64 62.36 66.08 69.80 73.52 77.24 80.96 84.68 88.40 92.12 95.84	72 72 76 81 85 90 94 99 103 108 112	2 0 1 0 2 2 3 0 3 1 0 2	2 1 3 1 5 5 11 17 12 12 7 3	1 0 1 2 2 0 2 1 1 2 1	5 1 5 3 9 7 16 18 16 15 8	44 42 93 164 260 334 353 322 244 159 100 57	11.4 2.4 5.4 1.8 3.5 2.1 4.5 5.6 6.6 9.4 8.0 10.5
$61\frac{7}{8}$ or more	100.13	_	122	1	7	0	8	57	14.0
TOTAL OBES	SE			17	86	14	117		
TOTAL CHII	DREN IN NE	IGHBOURH	OOD	236	1741	252		2229	
% Incidence	CE OF OBESIT	Y		7.2	4.9	5.6			5.2

Footnotes: (1) W=3.72 H-130.62 for height (H) in the range $50\frac{7}{8}$ to $60\frac{7}{8}$.

(2) Given by 1.22 W for height (H) in the range $50\frac{7}{8}$ to $60\frac{7}{8}$. See text for extreme values.

TABLE C
Incidence of Obesity among 14 year old Birmingham Girls—1962

Height	Observed Predicted Limiting Mean (1) (2)				idence	of O	besity	Total ch'dren	% incid-
group (ins.)	Weight	Weight (W, lbs.)	Weight (lbs.)	A	В	C	Total	in height	ence of Obesity
(1115.)	(lbs.)	(VV , 103.)	(105.)					дгонр	Obesity
$54\frac{7}{8}$ or less	91.47	_	111	0	4	1	5	23	21.7
55 7	88.35	86.18	111	()	2	0	2	!7	11.8
56 7	91.07	90.57	116	()	1	0	1	44	2.3
577	93.79	94.96	122	0	3	0	3	87	3.4
58 7	98.88	99.35	128	0	6	0	6	177	3.4
597	104.70	103.74	133	0	18	1	19	367	5.2
$60\frac{7}{8}$	107.58	108.13	139	5	12	4	21	453	4.6
$61\frac{7}{8}$	112.06	112.52	145	4	19	3	26	586	4.4
$62\frac{7}{8}$	117.72	116.91	150	3	25	5	33	542	6.1
$63\frac{7}{8}$	120.84	121.30	156	2	18	3	23	437	5.3
$64\frac{7}{8}$	126.02	125.69	162	2	16	3	21	319	6.6
65 7	129.65	130.08	167	1	6	2	9	173	5.2
$66\frac{7}{8}$ or more	130.74	_	168	1	8	0	9	138	6.5
TOTAL OBES	SE			18	138	22	178		
Total Children in Neighbourhood					2544	328		3363	
% Incidence	E OF OBESIT	Y		3.7	5.4	6.7			5.3

Footnotes: (1) W=4.39 H-159.11 for height (H) in the range $55\frac{7}{8}$ to $65\frac{7}{8}$ in.

(2) Given by 1.285 W for height (H) in the range $55\frac{7}{8}$ to $65\frac{7}{8}$ in. See text for extreme values.

TABLE D

Incidence of Obesity among 14 year old Birmingham Boys—1962

Height group (ins.)	Observed Mean Weight (lbs.)	Predicted (1) Weight (W, lbs.)	Limiting (2) Weight (lbs.)	Inc A	idence B	C of C	besity Total	Total cli'dren in height group	% incid- ence of Obesity
55% or less 56% 56% 57% 58% 59% 60% 61% 62% 63% 64% 65% 65% 67% 68% 67% 68% 70% 70% 71% or more	76.67 82.09 87.63 90.32 93.86 99.87 102.43 108.37 114.25 118.59 123.01 127.62 132.06 136.47 138.71 145.71 149.03	80.88 85.52 90.17 94.82 99.47 104.12 108.77 113.42 118.07 122.72 127.37 132.02 136.67 141.32 145.97	94 99 104 110 116 121 127 133 138 144 150 155 161 167 172 178 182	0 0 1 0 4 0 2 4 2 2 1 4 1 0 1	3 1 6 1 5 11 4 9 24 13 14 11 7 5 3 2	0 1 1 0 0 3 1 1 4 3 5 3 0 0 0 0 0	3 2 8 1 9 14 7 14 30 18 20 18 8 5 4 2	53 48 80 112 175 210 296 379 398 381 356 297 210 136 68 41 28	5.7 4.2 10.0 0.9 5.1 6.7 2.4 3.7 7.5 4.7 5.6 6.1 3.8 3.7 5.9 4.9
TOTAL OBES	SE		• •	23	120	23	166		
TOTAL CHIL	410 5.6	5.2	532		3268	5.1			

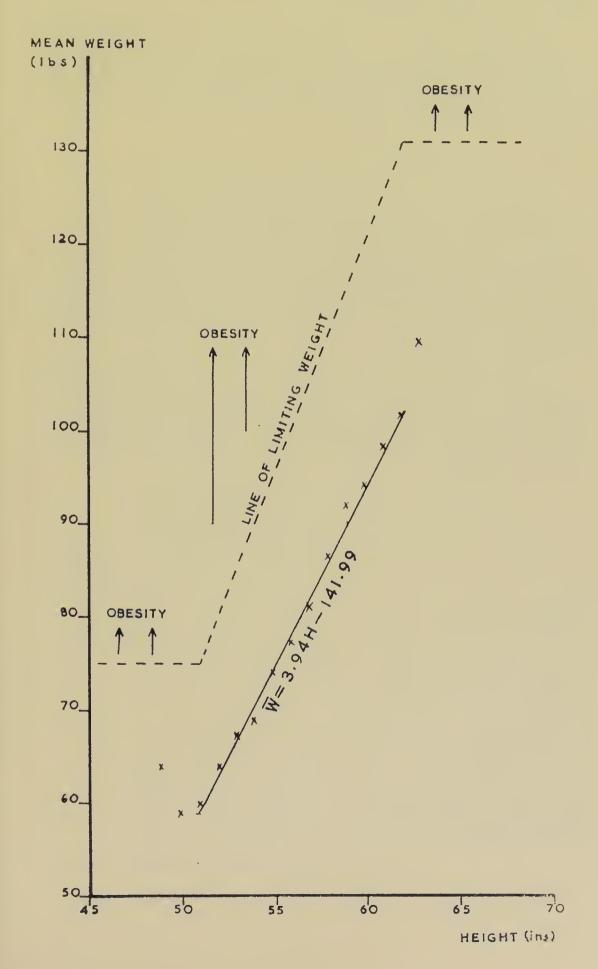
Footnotes: (1) W=4.65 H-183.60 for height (H) in the range $56\frac{7}{8}$ to $70\frac{7}{8}$ in.

(2) Given by 1.22 W for height (H) in the range $56\frac{7}{8}$ to $70\frac{7}{8}$ in. See text for extreme values.

TABLE E
Limiting Weights for Obesity Study

	Boys aged 11		Gir	ls aged 11	
Height to nearest inch	Mean Weight	Limiting Weight	Height to nearest inch	Mean Weight	Limiting Weight
4 ft. 3 in. or less 4 ft. 4 in. 4 ft. 5 in. 4 ft. 6 in. 4 ft. 7 in. 4 ft. 8 in. 4 ft. 9 in. 4 ft. 10 in. 5 ft. 1 in. 5 ft. 1 in. 5 ft. 2 in. or more	4 st. 3 lb. 4 st. 7 lb. 4 st. 11 lb. 5 st. 0 lb. 5 st. 4 lb. 5 st. 11 lb. 6 st. 1 lb. 6 st. 5 lb. 6 st. 9 lb. 6 st. 12 lb. 7 st. 2 lb.	5 st. 2 lb. 5 st. 7 lb. 5 st. 11 lb. 6 st. 2 lb. 6 st. 6 lb. 6 st. 11 lb. 7 st. 1 lb. 7 st. 6 lb. 7 st. 11 lb. 8 st. 1 lb. 8 st. 6 lb. 8 st. 6 lb.	4 ft. 3 in. or less 4 ft. 4 in. 4 ft. 5 in. 4 ft. 6 in. 4 ft. 7 in. 4 ft. 8 in. 4 ft. 9 in. 4 ft. 10 in. 5 ft. 1 in. 5 ft. 1 in. 5 ft. 2 in. 5 ft. 3 in. or more	4 st. 3 lb. 4 st. 7 lb. 4 st. 11 lb. 5 st. 1 lb. 5 st. 5 lb. 5 st. 9 lb. 5 st. 13 lb. 6 st. 3 lb. 6 st. 6 lb. 6 st. 10 lb. 7 st. 0 lb. 7 st. 4 lb. 7 st. 12 lb.	5 st. 6 lb. 5 st. 11 lb. 6 st. 2 lb. 6 st. 7 lb. 6 st. 12 lb. 7 st. 3 lb. 7 st. 8 lb. 7 st. 13 lb. 8 st. 4 lb. 8 st. 9 lb. 9 st. 0 lb. 9 st. 5 lb. 10 st 1 lb.
1	Boys aged 14		G	irls aged 14	
Height to nearest inch	Mean Weight	Limiting Weight	Height to nearest inch	Mean Weight	Limiting Weight
4 ft. 8 in. or less 4 ft. 9 in. 4 ft. 10 in. 4 ft. 11 in. 5 ft. 0 in. 5 ft. 1 in. 5 ft. 2 in. 5 ft. 3 in. 5 ft. 4 in. 5 ft. 5 in. 5 ft. 6 in. 5 ft. 7 in. 5 ft. 8 in. 5 ft. 9 in. 5 ft. 10 in. 5 ft. 11 in 6 ft. 0 in. or more	8 st. 7 lb. 8 st. 11 lb. 9 st. 2 lb.	11 st. 2 lb. 11 st. 8 lb. 11 st. 13 lb. 12 st. 5 lb. 12 st. 11 lb.		6 st. 3 lb. 6 st. 7 lb. 6 st. 12 lb. 7 st. 2 lb. 7 st. 6 lb. 7 st. 11 lb. 8 st. 1 lb. 8 st. 5 lb. 8 st. 10 lb. 9 st. 0 lb. 9 st. 5 lb.	11 st. 8 lb.

11 YEAR OLD BIRMINGHAM GIRLS, 1962.



SCHOOL BUILDINGS

Additional accommodation has been provided in respect of Major and Minor Building Programme schemes to an approximate total value of £593,951 at 20 schools.

The building of new schools in accordance with the Committee's Building Programme has continued and during the year three new schools were opened whilst at the 31st December, 1962, a further nine schools were under construction.

THE USE OF PAPER TOWELS IN THE SCHOOLS

Paper towels had been introduced for the first time in schools in the early months of 1961. In last year's report the number of schools using these towels for the period 1st January 1961 to the end of the summer term 1961 was given.

The position for the period September, 1961, until the end of the Spring Term 1962 has now been reviewed and comparative figures as to the number of schools using paper towels and the consumption per child per day in both the preliminary survey and the more recent review are given as follows:

NUMBER OF SCHOOLS USING PAPER TOWELS

			July,	1961	May,	1962	Total n of sc in the	hools
Primary								,
Infant			 52		58		79	
Other Primary	• •		 132		161		236	
TOTAL PRIMARY Secondary	• •			184		219		315
Non-Selective			 52		58		110	
Grammar, Technica Comprehensive	al and		 9		9		39	
Total Secondary				61		67		149
TOTAL PRIMARY AND	SECON	DARY		245		286		464
Special Schools	• •		 			3		28

Average Consumption of Towels per Child per Day

Primary	July, 1961	May, 1962
Infant	1.2	1.2
Other Primary	0.98	0.8
Secondary		
Non-Selective	1.0	0.8
Grammar, Technical and Comprehensive	0.95	0.85
Special Schools	_	1.0
Overall average consumption per child per day	1.03	0.93

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

The enquiry into the growth, height and development of children born between 3rd and 9th March, 1946, was continued during the year. The work of the follow-up study was transferred to the Medical Research Council Unit for the study of environmental factors in mental and physical illness in April 1962.

In previous reports the aim and progress of the longitudinal study have been described.

The following relates to the summary in the Annual Report of the Population Investigation Committee.

- "(a) A start has been made on the analysis of the material gathered at the secondary school stage, and it is hoped that a preliminary report will be ready in 1963. In the meantime the local education authorities had been asked to say which of the survey children have left school, changed their school or gone to a full-time course in a further educational establishment or into employment. The answers to these questions were needed for the next stage of this enquiry, initiated in October 1962 in which the schools were asked to report on the pupils' academic records and the pupils asked about their educational interests and aspirations. Evidence on the educational aspects of this enquiry was given to the Robbins Committee in 1961 and further information has been given to them recently.
 - (b) The youngsters who have left school are being interviewed in the autumn. The Ministry of Labour Central Youth Employment Executive have offered their assistance and the interviews are being carried out by Youth Employment Officers in all parts of the country. Information is being sought on the job history and job training of these youngsters and on their attitudes to their jobs.

(c) A satisfactory return of information about the court appearances of children born during the survey week has now been arranged by the Home Office, and it is estimated that by the time they reach 17 (in March 1963) some 250 of the 4,500 survey children still living in Great Britain will have been before the courts. At this point a report will be prepared in which the history of delinquency will be set against what is known of the children from other sources, their emotional adjustment, their progress at school, job stability and job satisfaction among other things".

SCHOOL MEALS SERVICE

DINNERS SUPPLIED TO CHILDREN JANUARY TO DECEMBER, 1962

		Free	Part-Paid	Paid	Total
Nurscry		 16,624	1,097	306,381	324,102
Primary		 827,631	40,033	6,316,505	7,184,169
Secondary		 334,495	13,601	2,810,622	3,158,718
Comprehensive .		 10,372	644	244,479	255,495
Grammar and Tecl	hnical	 45,789	3,268	2,683,777	2,732,834
Special Schools .		 31,109	549	302,045	333,703
		1,266,020	59,192	12,663,809	13,989,021

DAILY NUMBER OF CHILDREN HAVING DINNERS 1962

					Secondary	Primary
January		 	 	 	33,710	39,024
February		 	 	 	32,325	38,868
March		 	 	 	32,209	39,267
April		 	 	 	31,813	38,721
May		 	 	 	30,513	40,749
<i>-</i>		 	 	 	27,607	40,001
July		 • •	 	 	27,726	38,951
September	•	 	 	 	36,374	38,787
October		 	 	 	36,091	40,197
November		 	 	 	35,578	40,426
December		 	 	 	34,133	39,896

DAILY NUMBER OF MEALS SERVED DURING HOLIDAYS

			Normal Meals	Holiday Meals	Percentage
Easter	 	 	71,850	1,233	1.7
Whitsuntide	 	 	67,608	1,443	2.1
August	 	 	74,205	1,148	1.5
Christmas	 	 	74,029	783	1.05

Number of children eligible for Free Meals at December 1962 8,467.

Number of children taking meals, as per Ministry of Education on a given day in October, 1962: 77,228. Percentage, 47.19. The corresponding national percentage was 56.1.

MILK IN SCHOOLS SCHEME

Number of children taking Milk as per Ministry of Education on a given day in October 1962: 148,245. Percentage: 86.07. The corresponding national percentage was 82.5.

SCHOOL CANTEENS

Dr. Lemin reports:—

"Visits have been paid to various canteens during 1962. Conversations have been held with the staff and matters of hygiene raised and discussed. There is no doubt that in general the staff of the kitchens and the canteens in the School Meals Service are alive to the importance of maintaining the highest possible standards of care in their work, both with regard to personal hygiene and the cleanliness of the kitchens and utensils.

Several opportunities have arisen enabling me to meet trainees in various grades during their course of training. Meetings have consisted of lectures and discussions in all that is relevant in the school hygiene procedure. In the discussions there was always great evidence of the appreciation of the need of maintaining high standards not only by each individual but as a team.

It cannot be emphasised too often how big a factor the school meal safely and interestingly served can be in the life of the child".

MINOR AILMENTS AND INSPECTION CLINICS

A full account of the purpose and functions of these clinics was given in the report for 1959. The reduction in the number of sessions at which the medical officers attended was noted in the report given last year.

Scabies

There were 248 cases treated during the year compared with 203 cases in 1961 and 109 in 1960. It is of some interest to note that 140 cases were treated in 1959 and 75 cases in 1958. As a contrast it can be recalled that 599 cases were treated in 1949. The numbers fell rapidly in the following years to 207, 147, 149, 68, 96, 68, 65 and 65 for the years 1950, 1951, 1952, 1953, 1954, 1955, 1956 and 1957.

Ringworm of the Scalp

The number of cases 'known to have been dealt with' is one compared with seven in the previous year and five in 1960. This does not give a true picture of the incidence, however, as it is difficult to ascertain the complete number. Yet the trend is indicative.

Ringworm of the Body

The numbers treated this year were nine compared with fourteen in 1961 and twenty-eight in 1960.

Diseases of the Skin

There has been a slight increase in the number of cases of impetigo this year, 560 compared with 467 last year, but a decrease in the number of other skin conditions, 5,408 compared with 6,784.

DEFECTS OF EAR, NOSE AND THROAT

Mr. Norman L. Crabtree, the Ear, Nose and Throat Surgeon, reports:—

"Throughout the year the Aural Clinic has continued to work at full capacity in the assessment, treatment and follow-up of hearing problems in Birmingham school children.

The continuation of the school audiometric survey has continued to be extremely effective, although still only covering one-third of the total primary school population. Because of this there are many children with hearing defects whose detection is unduly delayed, but the service is to be improved by the appointment of an additional nurse and it is hoped that later this may become fully comprehensive. This will place an additional strain upon the Aural Clinic which is, however, welcomed because we feel that this is a highly valuable function of the School Health Service.

We have viewed with some concern the detection of an increasing number of cases of secretory otitis in young school children requiring hospital treatment to ensure that no permanent hearing damage results.

From time to time questions arise which show that the proper function of the Aural Clinic is not always fully understood. Cases of recurrent upper respiratory infection though they may be missing a great deal of schooling are not an educational problem. They should properly be referred to the appropriate hospital service. Quite a high proportion of the cases which my colleague and I do see require hospital treatment. We feel we must offer them accommodation in the hospital beds which are allocated to us, should they so desire it. Here they compete for hospital accommodation with cases which are referred directly to our hospital clinics.

No case is examined without the approval of the general practitioner concerned. Unfortunately, although permission is always sought, we have not hitherto been able to keep him properly informed of the subsequent progress of the patient. We are now grateful to have been provided with a secretarial service which enables us to overcome this difficulty and to make him more aware of the problems involved. This offers him the opportunity to give us additional information of which we may not be aware and also to seek other advice should he wish. As our own hospital accommodation becomes more congested he may well find that he can obtain more rapid treatment elsewhere. We do, however, try to give the best possible hospital treatment to children who are educationally handicapped and so far thanks to the help and encouragement we receive from our own hospital services we have been able to maintain a high standard of service both in quality and in time.

The management of cases of permanent deafness is different and difficult. With an increased understanding of the new opportunities for the deaf child over the past fifteen years there is need for change in the mechanism by which they are helped and managed. With the many changes which are necessary each change must follow a process of considered thought and to some extent of trial and error. Earlier ascertainment by the Child Welfare Clinics combined with earlier assessment, diagnosis and training at the Children's Hospital offers opportunities of better placement in school, together with much greater potential attainments. This increases the need for a greater flexibility of approach in the educational possibilities which are open to a child handicapped by deafness.

In addition to our two special schools we are in need of partially hearing units in ordinary schools for those children who are able to be integrated with normal hearing children, and an improvement in our management of children with defective hearing who have additional mental or physical handicaps".

AUDIOMETRIC SURVEY

The examination in the schools of the hearing of five year old children by pure-tone sweep audiometry was continued during the year. Any other child where there was some doubt about the hearing could also be brought forward by the teacher.

The methods and standards used were described in previous reports.

Number of children tested					 4,543
Number of children failed					 332
Number of children failed one ea	ır				 216
Number of children failed both	ears				 116
Number of children failed and al	ready l	having	treatiii	ent at	
Hospital					 39
Family doctor					 7
Aural Clinic					 11
Number of parents contacted (m	ostly b	y home	e visits)	 282
Number of children referred to:					
Aural Clinic					 256
Family doctor					 14
School Medical Officer					 5
Number of children failed to atte	end pui	re-tone	test		 34
Pure-tone tests at clinic					 222
Number of children failed pure-t	tone te	st			 176
Failed test, referred to:					
Aural Surgeon					164
General Practitioner					 5
For re-test in clinic					 7
Number of children seen by Aur	al Surg	geon			 120
Number of children referred for	treatiii	cut:			
Hospital					 89
Hearing aid and auditory tra	nining				 2
Other					 1
Other					 33
No treatment required, discharge	rd				 2
Number of children reviewed by			011		 91
Number of children referred for	treatm	ent :			
Hospital					53
Family doctor					 2
Other					 1
No treatment required, review la					 33
No treatment required, discharge					 2
Failed to attend for Aural Surge					 14

12	children referred to hospital:				
	Tonsils and Adenoids			 	39
	T's. & A's. and A.W.O			 	6
	T's. & A's. and Myringotomy			 	8
	T's. & A's. and Routine Sinus Trea	atment		 	1
	Adenoidectomy			 	19
	Adenoidectomy & Myringotomy			 	16
	Adenoidectomy & A.W.O			 	1
	A.W.O			 	9
	Myringotomy			 	28
	Myringotomy and Routine Sinus '	Treatn	nent	 	1
	Removal of Nasal Polypus and R			nent	1
	Routine treatment to Ear			 	3
	Removal of wax under anaesthetic			 	1
	Removal of Aural Polypus			 	2
	Myringoplasty			 	1
	· 1 1 /			 	3
	Cortical Mastoidectomy			 	2
	Radical Mastoidectomy			 	1

TONSILS AND ADENOIDS

In general, conservative treatment is adopted, but careful regard is paid to the cases where operative treatment appears to be necessary. Following consultation with the child's family practitioner, recourse is now made to the most convenient hospital for any operation which may be required.

Complete information, however, relating to the total number of children who received operative treatment is not available but it is known that 1,656 children were operated on for tonsils and adenoids

in 1962.

EYE DEFECTS

The number of children examined in the routine age groups who suffered from defective vision (excluding squint) was :

Age Gro					Number Examined	Number found to have defective vision	Percentage
(By Year of					13/(0///////	nui e dejective vision	renemnge
1958 and					1,434	15	1.04
1957					5,516	103	1.86
1956					5,581	176	3.15
1955					1,838	104	5.65
1954					• 396	37	9.34
1953					282	37	13.12
1952					2,815	328	11.65
1951					8,505	1,080	12.69
1950					3,182	379	11.91
1949					236	54	22.88
1948					3,401	502	14.76
1947 and	earlier	• •	••	••	12,670	2,110	16.65
TOTAL		• •			45,856	4,925	10.74

OPHTHALMIC TREATMENT

Mr. H. W. Archer Hall reports :—

"I have pleasure in submitting my report on the refractions treated at the Great Charles Street Clinic during the year ended 31st December, 1962, as follows:—

STATISTICS FOR REFRACTION CLINICS 1962

Myopia	 	 	 	58
Myopic Astigmatism	 	 	 	30
Hypermetropia	 	 	 	32
Hypermetropic Astigmatism	 	 	 	89
Mixed Astigmatism	 	 	 	14
Referred to Hospital	 	 	 	3"

Mr. Mark Tree reports :-

"I have pleasure in appending a review of my work at the ophthalmic clinic, Great Charles Street, during the year of 1962.

The analysis of cases refracted shows only slight variation from year to year:—

Moderate Myopia and A	stigma	atism	 	 19%
High Myopia			 	 1%
Hypermetropia and Astig	gmatis	m	 	 50%
Mixed Astigmatism			 	 4%
Squint Cases			 	 7%
No spectacles necessary			 	 19%

I have as usual prepared a separate report dealing with the children in schools for the partially sighted, but I wish here to emphasize that, although the number of cases of Retro-lental Fibroplasia has declined, due to more enlightened treatment of premature infants, there has been no such reduction in children with congenital cataracts due to German Measles in the mothers.

It should be possible to prevent the occurrence of these serious defects, by augmenting the supply of protective Gamma Globulin for mothers who have been in contact with cases of German Measles. Such supplies could be obtained by organising the collection of antiserum from convalescent cases at infectious diseases units, such as that at the Little Bromwich Hospital.

With regard to the significance and outlook in children with refractive errors, we have come to discard the old theory of Cohn, who stated, in reports issued in 1867—92, that myopia was due to stretching of the globe and distortion by the recti muscles following excessive close work. Professor Sorsby and his colleagues in reports

to the Medical Research Council have pointed out that the normal growth enlargement of the eye is compensated for by a rearrangement of the optical components in order to maintain average normality. This mechanism comprises flattening of the curvatures of the cornea and lens.

It is only when this compensating mechanism is disturbed that a tendency to myopia emerges. Our present belief is that the main factor concerned is hereditary or genetic, and we are sceptical of the influence of environmental factors.

I was recently presented with an interesting example. I was consulted by a young woman and her mother who both had very high myopia. The young woman had been a pupil at a School for the partially sighted years ago but her vision with spectacles was almost of normal standard. The mother in her fifties had an almost identical error, and similar good vision with spectacles, and no sign of gross pathological changes. We do not yet know how the normal compensating mechanism is effected, but there is probably some local autonomous factor in each eye. I have noticed that in many children the increase of myopia varies in each eye. One eye only may show an increase for a time, the other remaining stationary, and later the second eye will increase while the first remains stationary. I have also seen a number of children with one normal eye and the other moderately myopic both remaining stabilised. It is difficult to know whether spectacles should be ordered in these cases. I usually prefer to suspend judgement, but insist on following them up, bearing in mind the possibility of a lazy (amblyopic) highly myopic eye in adult age.

I have also started to collect a series of cases where there has been a progressive increase of myopia in one eye with much less change in the other eye. I hope to report on these on a future occasion. To date, therefore, it seems to me that hereditary influences plus a local factor in each eye determine the onset and evolution of myopia. Environmental and nutritional influences seem to have no place in the development of those cases of myopia where no gross pathological changes are discernible.

There is still further research needed in this important subject and the school clinics provide the necessary opportunity".

Dr. L. Marx reports :-

"During 1962 I saw 791 children during 90 sessions at the Benacre Street and Maas Road Clinics.

Conditions found were as follows :-

Myopia including simp				myopi	c astign	natism,	and	
compound myopic a								211
Hypermetropia includi	ng simp	le hyp	ocrinetr	opia, si	imple a	nd com	ipound	
hypermatropic astigi								418
A A 1 T A 1 T A 1								39
								79
Referred to hospital								20
Optic atrophy								1
Coloboma Iridis								1 "

Dr. N. Walkinshaw reports :-

"During the year I have examined 695 children.

The refractive error in both age groups in order:

			Under Ten Percentage	Over Ten Percentage
Hypermetropic Astigmat	ism	 	 32.7	33.2
Myopic Astigmatism		 	 4.0	12.5
Mixed Astigmatism		 	 1.0	3.3
Strabismus (all forms)		 	 14.6	6.3
Hypermetropia		 	 20.0	10.8
Myopia		 	 10.8	19.4
Anisometropia		 	 1.6	5.0
Amblyopia		 	 1.2	1.1
Normal		 	 14.1	8.4

The following cases were also noted:

1 Spastic, mentally handicapped Aet over 10 1 High Myopia, Sub normal, referred to Special School ... Aet under 10'

Dr. S. W. K. Norris reports :-

"In the year under review the clinics have been remarkably well attended. Several pairs of identical twins have been re-examined and the close correlation of their refractive errors confirms Professor Sorsby's Medical Research Council Report.

There is little doubt that refractive errors are, in the main, genetically determined and that the environment of the individual child has no effect.

An earnest endeavour is being made to get parents to appreciate that a 'lazy' and squinting eye is not an asset to their child, and can in a large proportion of cases be cured if early treatment is instituted".

Dr. B. C. Curwood reports :-

"During the year I examined 944 children, with approximately the same distribution of refractive errors as before.

The familiar nature of these conditions is striking, for among my quite small sample I found six families each with three children showing similar relatively gross errors, and two families each with three squinters, and one family of 4, all of convergent type, and also there was one family of 3 with congenital nystagmus. I also found two brothers aged 6 and 5, both with marked serous retinopathy, vision in all four eyes was 6/24, and serial fundus photographs show no objective change after 11 months".

SCHOOL DENTAL SERVICE

Mr. D. Glen Thomson, Principal School Dental Officer, reports:—
"Staff

The number of full-time equivalent dental officers on the 31st December, 1962 was 22.8, a decrease of .6 dental officers. There was a loss of full-time officers and an increase in part-time dental officers. This is a national trend and there are a number of reasons for this state of affairs. A number of graduates join the service until such time as they build up their own practice. Others, derive considerable satisfaction working with children but can only spare one or two sessions a week from their own practice as working in the school service involves them in financial loss. There has been an increase in women dental officers and this service is particularly suitable for them as it is possible to vary their sessions with family commitments.

Full-time appointments

Mrs. Goodburn 12.3.62

Resignations

Mr. Neal 30.9.62

Death

Dr. Tomanek 11.4.62

Treatment

Of the 151,471 children inspected in 339 of the 521 schools, 103,175 were found to require treatment, 87,509 were referred for treatment and 24,648 had their treatment completed. In addition, 18,494 casual patients attended the clinics and received treatment. These children attended on 13,234 further occasions to have the necessary treatment completed. The total number of attendances at school clinics was 87,213, an increase of 1,901 attendances.

21,244 permanent and 46,411 temporary teeth were extracted. There was an increase of 39 permanent teeth extracted and a decrease of 946 temporary teeth extracted. All these teeth were not extracted

because of dental disease. The Orthodontists refer children for extractions as part of the orthodontic treatment and as a result 808 permanent and 540 temporary teeth were extracted during the year. There was an increase of 374 sessions devoted to saving teeth and the total number of fillings inserted in permanent teeth reached a new record total of 50,492, an increase of 1,546 fillings. It is a controversial question whether time should be spared to fill deciduous teeth when there are not enough school dentists even to examine all the children once a year! A special request from a parent is however never refused, and any child who has had temporary teeth filled previously either privately or at the Public Health Department is offered further fillings if necessary. 1,705 fillings were inserted in temporary teeth, an increase of 510 fillings.

The ratio of permanent teeth filled to permanent teeth extracted was two, which is unchanged from the previous year.

The school population is 177,293 and it was only possible to provide routine dental inspection for 151,471 children. Unfortunately, it was not possible to provide annual inspection for all areas. It is most important that children should be inspected at least once a year and certain children with a high caries rate, every three or four months. Unfortunately, the number of dental officers does not permit this. The average time between school inspections was twelve months with the exception of Slade Road, where it was 26 months and Benacre Street and Sparkhill where it was 19 months.

The experiment of the General Dental Council of training dental ancillaries at New Cross General Hospital to work for local authorities under the supervision of a dentist may enable many more young children to receive dental treatment. An ancillary worker will be shared by the School Dental Service and the Health Department in 1963 and, in due course, her value can be assessed. Again, to make the best use of available dental officers, evening sessions are to be made available in the Slade Road area. This venture is in the nature of a pilot scheme and may be extended to other parts of the City. An additional surgery is to be provided at Slade Road Clinic and the children attending this Clinic can be offered a much more satisfactory service.

One of the most important features of the School Dental Service is that it is an educational instrument by which children and their parents can be taught to appreciate the importance of dental health. It is most unfortunate that many parents of school children do not arrange for their children to visit a dentist regularly and ensure they receive all the preventive treatment necessary. School dental inspections are not restricted to selective groups but all children are inspected. A number of these children attend a family dentist but a visit from the school dental

officer, by creating an interest in dental matters, serves to remind parents to seek treatment for their children. It is most disappointing to find that there are still parents who refuse to accept fillings for their children. This hard core has persisted over the years in spite of all efforts. They will not accept fillings for their children but readily accept extractions or will wait until the teeth ache, and only then, have the teeth extracted.

Dental Disease

The medical profession has over the years lessened the danger associated with most infectious diseases. Many children today are stronger, taller and heavier than those seen when the school medical service commenced but their dental condition is less satisfactory. Children at five years of age have, on average, D.M.F. of 6 (decayed, missing or filled teeth). It is not uncommon to see school leavers with many carious and septic teeth. These children have consistently refused all offers of regular dental treatment and have remained unmoved by efforts to encourage them to take care of their teeth. They attend the clinics requesting the extraction of all carious teeth and to be provided with dentures before leaving school.

The cause of dental disease is not fully known but the most important factor is the presence in the mouth of food debris on which bacteria feed. These bacteria produce an acid and enzymes which break down the enamel of the teeth causing dental caries. Dental caries can be largely prevented if attention is given to diet and care of the teeth becomes a habit at an early age. It is never too soon to begin active measures for dental health. The average child commences school with 20 deciduous teeth and during school life a further 28 permanent teeth erupt. Indeed, with the earlier maturity in girls it is not uncommon to find some having erupted their wisdom teeth at 15 to 16 years. The greatest advance in dental health would be to convince parents, teachers and children that eating between meals of sweets and confectionery is most harmful to their teeth. The most dangerous period for the teeth is within minutes of cating sweets or refined carbohydrates. A toffee eaten each half hour during the day can cause far more dental harm than eating a large quantity at once. Children are spending more and more on sweets, iced lollies and fruit drinks. Television advertisements compete in allure to tempt children to buy these products and unfortunately this kind of propaganda is on the increase.

Each meal should include some food which will require chewing and exercise the teeth and jaws. If sweet sticky foods are included in a meal then a good rule is to finish the meal with fibrous food, such as celery, apples or raw vegetable. The majority of Birmingham special schools, day and residential, have arranged for a slice of apple or raw carrot, in some cases both, to be supplied at the end of the school meal. Children very soon develop a taste for raw carrot and a number of parents have been induced to provide them at home. Food debris should be removed from the teeth by the aid of a toothbrush after each meal. This is not always possible but the teeth should be cleaned after breakfast and before going to bed. It is important that the gums are brushed as regular brushing helps to make the gums firm and healthy.

The correct use of a toothbrush is most important and posters are displayed in many infant schools showing the best way to brush the teeth. Instruction in oral hygiene is given to children at the chairside when attending for treatment. The two copies of the film "Lets Keep our Teeth" are in constant use and may be obtained on application to the Education Office. Dental Posters supplied by the Dental Board and Oral Hygiene Service are displayed in most schools. The colour and design of many of the new posters are excellent and they provide a striking reminder of dental care. The Principal School Dental Officer is responsible for a series of lectures to teachers attending the City of Birmingham Training Course for Handicapped Children under the title "Dental disease and its effect on the well being of handicapped children". This has stimulated their interest and they return to their schools with a new appreciation of the value of dental health.

The School Health Service has always been concerned with prevention of illhealth, but the School Dental Service is almost a reparation service and most of its efforts are directed to the treatment of established disease.

Biscuits, buns and sweets are still sold in schools. The policy of approaching head teachers individually has continued and a number have been persuaded to sell raisins, salted nuts, potato crisps and cheese biscuits. These foods all require some chewing and are self-cleansing. The sale of apples has increased considerably but unfortunately it is seasonal as they become too expensive when in short supply. The City of Birmingham Public Health Department held a Dental Health Week in August which was very well attended. The audience were mainly those in close contact with parents or children. It was opened by the Chairman of the Health Committee and speakers from different branches of dentistry contributed talks which must have been most helpful to all concerned in the dental health of children. The Society of Medical Officers of Health were responsible for an excellent letter to all local authorities and it may be useful to quote: 'Public enlightenment is an important factor in improvement of the Nation's teeth and oral hygiene instruction, in a restricted field, offers at least some measure of relief for school dentistry. Education, with such an object in view,

must aim at promoting an attitude of self help, based on the know-ledge that the great majority of individuals, by conscientiously adhering to a few simple commonsense principles, really can reduce substantially their own and their children's liability to dental decay with its pain and inconvenience'.

The Council of Central Counties Branch of the British Dental Association formed a Dental Health Committee composed of two members of the University staff, members of the Representation Board and the Principal School Dental Officer. They provide lecturers for organisations, such as W.V.S., Parent Teachers' Associations, Rotary Clubs and Maternity and Child Welfare Centres.

Finally, fluoridation of water. Fluoride occurs naturally in almost all water supplies. In different parts of the world the concentration varies from a trace to 14 parts per million or more. The highest natural concentration in Great Britain is about six parts per million and in Birmingham water the concentration is about .05 parts per million. To be fully effective fluoride must be absorbed continuously during the whole period of tooth formation and calcification. The teeth must erupt and be exposed to the risk of caries for a reasonable period before any reliable assessment can be made of caries prevention. For the few years that fluoridation has been in operation in the study areas of Watford, Kilmarnock and parts of Anglesey, therefore, its full effects can now be observed in only those children up to the age of 5, who have had fluoride all their lives. The reduction in dental caries amounted to 66 per cent in the three-year old child, 57 per cent in the four-year old child and 50 per cent in the five-year old child. There was a three fold approach to the safety of fluoridation by doctors practising in the areas who could find no evidence of harm. The study of vital statistics found no indication that fluoride, at the levels encountered in British waters had any effect on mortality. Specific investigations by the Ministry of Health, Public Authorities and many other bodies found no ill effects from the addition of one part per million of fluoride to drinking water.

I have a niggling doubt whether the publicity given to fluoridation of water supplies may not have an unexpected result. Already there is evidence that some parents permit their children to eat as many sweets as they like because they are using fluoridated toothpaste. This mistaken attitude must be strongly countered by an intensive effort to stress the importance of regular dental hygiene in the schools. Fluoride is *not* a magic potion that will banish dental decay overnight however much we believe in its value to protect the teeth of the next generation. Regular visits to the dentist and the practice of oral hygiene are still most important.

Anaesthetic Scheme

The panel of Medical Anaesthetists continues to render valuable help to the School Dental Service and it is with much pleasure I take this opportunity to express my gratitude to them for their assistance. The majority of them are occupied in general practice and they attend clinics scattered over the City. In many instances this involves travelling considerable distances in the busy traffic and they arrive punctually even in the most inclement weather. Their presence does much to reassure the most apprehensive parent and their experience is most valuable where there is a doubt of the desirability of giving anaesthetic in certain heart or chest conditions. There were 1,375 gas sessions during the year, a decrease of 90 sessions. A total of 25,628 general anaesthetics of nitrous oxide and oxygen were administered, a decrease of 1,874 anaesthetics. The actual number of anaesthetics averaged 18.6 for each session throughout the year. The problem of broken appointments is still acute and an average of 25% are not kept. This percentage varies and school holidays, time of the year and the area, all have an influence on attendance at the clinics.

The policy of replacing old or worn equipment has continued and a Walton No. 5 gas apparatus was provided for Harborne Clinic. This apparatus incorporates a number of safety features and is designed to give an even, smooth anaesthesia, which is so necessary in treating children.

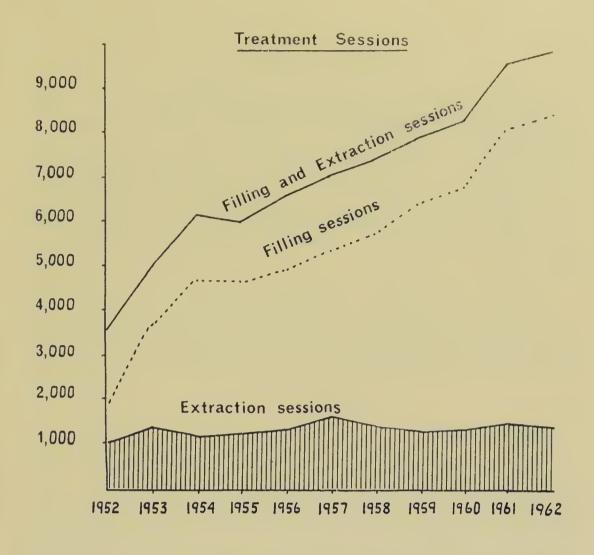
The Children's Hospital

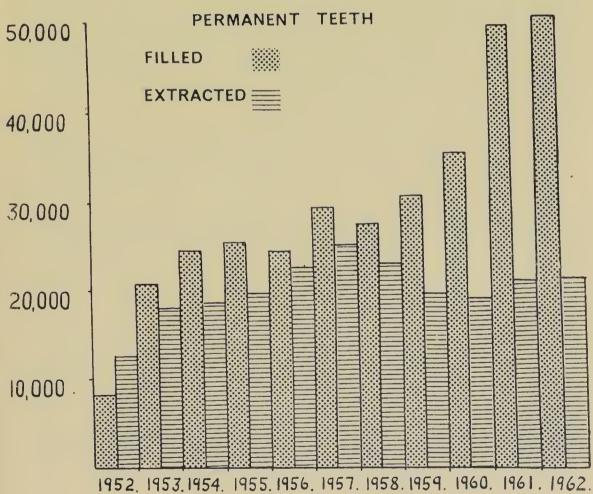
The close liaison and happy relations which exist between the School Dental Service and the Children's Hospital has been of immeasurable help during the year. Children referred to the Hospital are unsuitable for treatment at the clinics owing to their physical condition, medical history, or they require surgical treatment. All children requiring haematological investigation for known or suspected blood conditions are referred to the Hospital before dental extractions.

127 children were referred to the Children's Hospital and were seen and treated where necessary by Mr. Geoffrey Hoggins, Consultant Dental Surgeon.

Mr. Geoffrey Hoggins reports :—

'1962-1963 has been another highly satisfactory year from the point of view of co-operation between the School Dental Service and the Birmingham Children's Hospital. A large number of cases requiring advice or surgical treatment have been referred and indeed many of these have been of tremendous clinical interest.





Perhaps one of the most striking of the surgical problems is that of buried impacted premolar teeth which are found by the School Dental Officers in the 8-14 year group of children which are referred for operation at the Birmingham Children's Hospital and Selly Oak Hospital. It is to be hoped that with increasing dental education and easier availability of conservative treatment for primary molars, it will be possible to preserve the first dentition fully to carry out its work of space retention until the permanent premolars have erupted into the arch.

With each passing year, it has been noticeable how the standard of care and treatment of the school children has improved and a further year of constructive working together with our different problems for the benefit of the school children is looked forward to'.

Dental Hospital

The School Dental Service has worked in close association with the Dental Hospital since its inception. The superintendent, Dr. Mitchell, and his staff have given specialised treatment to certain children and during the year 196 children were treated. This ready collaboration is much appreciated by all dental officers employed in the School Dental Service. The present arrangement for x rays is that the Dental Hospital undertake this work and 530 children were x-rayed during the year. Mr. J. G. Shaw of the Medical School has been investigating methods of caries prevention and has examined selected groups of children at routine dental inspections.

Miss Joy Butler on the Dental Hospital Staff has been conducting a histological investigation into the depths of gingival pockets on erupting teeth and has attended the Sheep Street Clinic to select clinical material. The research project on dental caries by Mr. C. L. Brady of the School of Dental Surgery, University of Birmingham under the direction of Professor Alexander MacGregor has continued over the year.

Mr. C. L. Brady reports :-

'The research project on dental caries and fluoride toothpaste is now nearing the end of its second year. Since my last report, all the children have been seen for a second time and the number taking part has been increased, from 1,850 to almost 2,500, by the addition of girls and boys from Public Schools in Birmingham and Malvern, Worcestershire, This means that our sample now consists of a fairly representative cross-section of the various social strata.

SCHOOLS TAKING PART

		Ages of Children	Total Number of Children
1.	Nelson Street Primary School	5—9	143
2.	Greet Primary School	5—9	212
3.	Hope Street Secondary School	11—12	187
4.	Nansen Girls' School	11—12	158
5.	Four Dwellings Girls' and Boys' School	11—13	274
6.	Warren Farm Boys' School	11—13	114
7.	Hodge Hill School	11—13	158
8.	King's Norton Boys' Grammar School	11—14	328
9.	Byng Kenrick Girls' Grammar School	11—13	120
10.	Bartley Green Girls' Grammar School	11—13	172
11.	The Abbey Girls' School, Malvern	8—14	96
12.	Malvern Boys' College	13—15	196
13.	The Downs Preparatory School,		
	Colwall	8—12	58
14.	Hallfield Preparatory School,		
	Edgbaston	7—10	101
15.	St. Philip's Grammar School for Boys	11—13	131
	•		

All the data is being collected in a code which is transferred to punch-cards. This enables us to sort and tabulate quickly and efficiently on the Hollerith and Power Samas machines in the Department of Medical Statistics and at the Birmingham Regional Hospital Board. Although sufficient data has already been collected to enable us to determine the value of a fluoride toothpaste as an anti-caries agent over a period of one year, the results will not be analysed for at least one more year. This is a safe-guard against the possibility of introducing bias on the part of the examiner during the trial. Towards the end of the third year, it is hoped to transfer the data to paper tape for speedy processing of the results in the new computer which is, at present, being installed in the University.

The children are showing enthusiasm for the experiment and we, in return, are trying to maintain this by showing slides and a film about our research. The film was made during the Winter Term and has already been shown at a number of the schools. It is hoped to take it to the remainder during the actual dental examinations at school to the final processing of the data at the Department of Medical Statistics. The Head Mistress of Bartley Green Grammar School for Girls' very kindly gave us permission to take the shots of the dental examination at her school.

Once again, I should like to thank all the Head Masters, Head Mistresses and Teachers of the schools taking part for the help they have so willingly given me during the past year.

I am also grateful to Dr. E. L. M. Millar and Mr. D. Glen Thomson for their enthusiastic support'.

Handicapped Children

The dental condition of these children is of extreme importance and extractions could be hazardous in certain groups of children. Every effort is made to save the teeth and avoid extractions. Residential schools are inspected twice a year and all the children are offered full comprehensive treatment. The treatment is normally carried out either on school premises or at the clinics, but should there be a medical history or physical disability arrangements are made for the treatment to be carried out either at the Children's Hospital or at Selly Oak. A certain number of children have their fillings completed under endotracheal anaesthesia.

During the year 2,570 children were inspected, 1,079 were found to require treatment and 876 were referred for treatment. 465 children received treatment within the school service and attended for treatment on 701 occasions. 197 permanent and 409 temporary teeth were extracted. 431 fillings were inserted in 390 permanent teeth. Medical anaesthetists administered 254 general anaesthetics of nitrous oxide and oxygen. 87 sessions were devoted to inspection and treatment of these children.

Orthodontics

This branch of children's dentistry deals with the irregularities of the teeth and jaws. Parents are increasingly aware of the value of orthodontic treatment and the waiting list for treatment has again increased in spite of careful selection of suitable cases by the School Dental Officers.

Mr. Edgar Breakspear submitted the following report:—

'As envisaged in last year's report, the emphasis in 1962 was on treatment, and 439 removal appliances were fitted as against 293 in the previous year. The number of sessions worked showed a substantial increase, as did the total attendances (6,115 as against 4,781).

This increase in output was undoubtedly due to the additional help given by Miss D. J. Butler, whose entry to the Department was recorded in last year's report. Unfortunately, from our point of view, Miss Butler left us in October 1962, to take up a full-time hospital appointment. Whilst we wish her well in her new sphere, it must be borne in mind that any changes in the staffing position are bound to be reflected sooner or later in the figures for services offered or provided.

Unless further trained staff can be obtained it is inevitable that fewer patients can be seen and that the waiting lists must grow longer. For example, the 'vetting' list to which reference was made last year, was in fact reduced completely by March 1962, but has since risen again nearly to its former position. It should be pointed out however that this trend was noted even before October, and is probably due in part to an increase in the number of cases referred to the Department for advice and treatment. The problem of meeting increased demand with depleted staff is one which must cause concern to members of the staff as well as unavoidable disappointment to the public'.

Mr. Norman Norris submitted the following report :-

'During the year under review there has been a small but welcome increase in the amount of treatment provided for those children in most need. More sessions were worked, there was an increase in the number of cases for whom it was possible to commence treatment, whilst the number of appliances fitted rose considerably. In spite of this however it is perhaps significant that the number of children awaiting treatment has increased substantially.

Unfortunately, the staff has been depleted by the departure of Miss J. Butler, in October 1962, so that it will probably prove impossible to equal last year's figures during the current year. Two solutions of the problem of keeping abreast with the very considerable volume of work spring to mind. The first is to recruit more staff of the necessary calibre. The second is to institute a rather more selective method of initial selection of patients who may be regarded as likely to benefit most from a course of orthodontic treatment. A possible third solution might be to allow the treatment of the more straight forward type of case to be undertaken, under supervision, by the Public Dental Officers who may have had some experience in the field of orthodontics.

Since last year the amenities of the department have been improved. The original large room has been divided by a partition so that there is increased privacy, and on those occasions when there are two Dental Surgeons in attendance there is a minimal amount of interference with the work.

One cannot, of course, allow this opportunity to pass of placing on record the very commendable efforts of our nursing staff, who besides coping most efficiently with the routine of the department also have to deal with a constant stream of enquiries.

I think it can be said that the department is looking forward to the next twelve months with a certain amount of quiet confidence'.

ANNUAL RETURN — ORTHODONTIC DEPARTMENT

		1962	1961
Number of cases commenced		. 223	183
Number of cases carried forward for previous	year .	. 105	155
Number of cases completed		. 137	150
Number of cases discontinued		. 89	78
Number of cases treated by appliances		. 594	567
Number of removable appliances fitted		. 439	293
Number of fixed appliances fitted		. 9	13
Number summoned for treatment		. 7,156	5,686
Total number of attendances		. 6,115	4,781
Number actually treated		. 3,444	2,873
Number under observation		. 2,671	1,908
Number of x rays taken		. 1,055	1,030
Number of sessions worked		. 559	437
Average attendance per session		. 10.93	10.94

Dental Laboratory

The dental laboratory has been fully extended during the year and again it has been found necessary to send orthodontic and prosthetic work to a technician to the profession. Mr. Aldred, the technician-incharge, has been responsible for the construction of orthodontic appliances, many of which are of a most intricate design and call for a high degree of skill. He was successful in obtaining the advanced Certificate in Orthodontics from the City and Guilds, London, at a recent examination.

SUMMARY OF WORK

Orthodontic					
Models cast			 	 	 1,123
Study models supplied			 	 	 630
Fixed appliances			 	 	 4
Removable appliances			 	 	 385
Repairs to appliances a	ınd ado	ditions	 	 	 70
Dentures					
Part upper			 	 	 390
Part lower			 	 	 24
Full upper			 	 	 5
Full lower			 	 	 2
Repairs to Dentures			 	 	 88
Gold Inlays			 	 	 7
Dowel Crown			 	 	 1

Other Operations

A detailed analysis is given below of other operations performed during the year. The varied nature of the work performed by these miscellaneous operations is apparent. They are time consuming but they form an integral part of the School Dental Service. Children

attending the clinics with parents for advice present a valuable opportunity for the dentist to meet parents and advise on oral hygiene, diet, etc. Dental treatment of children does not of necessity mean that there is a lack of variety in the work in comparison with general practice, as with a larger staff, the scope of the work has been widened with benefit to the children. During the year there were 456 root fillings, 7 gold inlays and 1 dowel crown. There was again an increase in scalings, which now number 3,619. It is hoped to provide within the establishment of the School Dental Service a dental hygienist who would relieve the dental officer of much of this work.

Permanent Teeth	1962	1961	1960	1959
Advice	9,681	9,210	9,012	6,302
Zinc Oxide Dressing	3,201	3,405	3,852	3,614
Root Fillings	456	475	55	49
Gum Treatment	292	309	409	272
Stoning and Trimming	2,495	3,202	668	480
Scaling	3,619	3,509	2,595	1,891
Impressions, Bites and Try-ins	756	691	784	612
impressions, inter-time 11, mo				
Тотац	20,500	20,801	17,375	13,220
		20,001		
Temporary Teeth	1962	1961	1960	1959
* *				
Advice	549	857	631	876
Advice Silver Nitrate	549 220	857 285	631 42	876 182
Advice	549	857	631	876
Advice Silver Nitrate Dressings	549 220 501	857 285 575	631 42 1,014	876 182 962
Advice Silver Nitrate	549 220	857 285	631 42	876 182
Advice Silver Nitrate Dressings	549 220 501 1,270	857 285 575	631 42 1,014	876 182 962
Advice Silver Nitrate Dressings Total number of Dentures	549 220 501 1,270	857 285 575	631 42 1,014	876 182 962
Advice Silver Nitrate Dressings	549 220 501 1,270	857 285 575	631 42 1,014	876 182 962
Advice Silver Nitrate Dressings Total number of Dentures	549 220 501 1,270 for 521	857 285 575 —————————————————————————————————	631 42 1,014 1,687	876 182 962

Clinics

The standard of accommodation and equipment provided for school clinics is most important. It may affect the recruitment of young dental officers who are trained in the use of modern equipment and if not supplied may dissuade them from joining the service. Surgeries, waiting rooms and lavatories should be made as attractive as possible for the children and for the working conditions of the staff.

No new clinics were opened during the year, but the provision of an additional surgery at Slade Road has been approved.

Finally, I would like to take this opportunity to express my thanks to all dental officers, full-time and part-time for their loyal co-operation and for the high standard of work which has been maintained throughout the year. The dental surgery assistants have again made their invaluable contribution to the efficiency and smooth running of the School Dental Service.

It is a pleasure to express my thanks to head teachers and teachers for their help and great interest they have shown in the service. Many teachers cheerfully give far more assistance and help than I have a right to expect and the difference this makes to the attitude of both parents and children towards the dental service is considerable and always gives additional pleasure to treat children from these schools. The dental clerks and clerical staff have been, as always, most helpful and unremitting in their application to the good of the School Dental Service."

ASTHMA CLINIC

Dr. J. Morrison Smith, Chest Physician, reports :-

"During the year 110 new patients were seen, there were 296 first recalls, 4,278 consultations in all and 258 home visits. These figures are much the same as in previous years.

Steroids in Asthma

Our experience in the long term use of the cortisone group of drugs in the relief of severe asthma was reported in a paper at the Fifth European Congress of Allergy in Basle, Switzerland in October 1962.

The 'Atopic Diseases'

This name was given by a Dr. Coca to the group of naturally occurring allergic diseases in man with a strong hereditary background. The principal members of this group are atopic eczema, asthma and hay fever. The family background and the association of these conditions is common knowledge. Schwartz (1952) studied the hereditary background of groups of asthmatic patients and concluded that asthma is an inherited disease, that a genetic relationship exists between asthma and vasomotor rhinitis, eczema and hay fever, that a less certain relationship between asthma and certain other diseases is possible. Schwartz considered that asthma is probably inherited as a dominant character, but only manifests itself in disease in about 40% of those who inherit the tendency from both sides of the family.

Of 968 asthmatic children seen at the Clinic 245 (26%) were noted to have eczema also. The distribution among the children with asthma was roughly 3 boys to each girl whereas among those with eczema it was only 2 boys to each girl.

A striking difference has been noted in the age of onset of eczema, asthma and hay fever. Whereas 88% of the children with eczema began to have this in the first year of life, only 24% of cases of asthma began in the first year of life, and no cases of hay fever. By the age of six, however 83% of cases of asthma had begun, but only 30% of those who developed hay fever began to suffer symptoms before they were six.

These marked differences in age of onset of these conditions so clearly linked on a hereditary basis must be caused by environmental factors and the development of allergy to different known factors. Eczema is often associated with food allergy which probably occurs in infancy due to immature digestive ability and failure to break down foreign protein sufficiently during digestion. Asthma and hay fever are normally associated with inhaled allergens and the late onset of hay fever would easily be explained on the basis of a short intermittent exposure to the allergen (grass pollen) for only two months in each year.

Research in progress

A start has been made in a follow-up study of children first seen about ten years ago. This type of study is unusual because of its difficulty. Most of these children are adults now, many are married and it is a difficult and tedious job to find out how they are now. It is, however, important to find out what happens to children who have asthma. More information on this subject is needed.

The research committee of the British Tuberculosis Association is engaged, among many other subjects, in a study of the effects of hypnosis together with auto-hypnosis over a long period on asthma. The study covers all ages and a number of centres throughout the country are taking part. It is hoped to come to some final conclusion about the value of hypnosis. Previous experience in Birmingham (Smith and Burns 1960) was not encouraging but several children in the Clinic are taking part in this national study which is probably the largest and most comprehensive investigation ever attempted in this field.

References:

SMITH J. M. and BURNS C. L. C. (1960) Brit. J. Dis. of the Chest. 54 78. SCHWARTZ, Michael (1952) Acta Allergol. Suppl. II.

Acknowledgements:

I wish to express my thanks for the help and support of the Nursing Staff of the Clinic and for the kindness and care with which they have carried out their duties to the patients throughout the year. I would also like to express my thanks for the help of the Senior School Medical Officer, Dr. H. M. Cohen".

ORTHOPAEDIC DEFECTS

Mr. F. G. Allen reports :-

"I have been greatly disturbed to hear that there is a possibility that the routine examination of school children may be curtailed.

During the thirty or more years that I have been associated with the Birmingham School Medical Service, there has been a gradual change largely related to a higher standard of living and improved hygiene. Whereas formerly the type of case referred for consultation presented a gross physical defect easily recognisable and demanding definitive treatment, now, one sees only minor abnormalities some of which can be regarded as acceptable and coming within the range of normality. Such cases are readily treated, and often simple reassurance suffices. Among them however, are concealed a small group who may have had no symptoms whatever and whom only the trained eye can recognise. Left untreated, the condition deteriorates and what at one time was a simple problem responding satisfactorily to simple treatment becomes transformed into one of great difficulty with no prospect of complete cure and therefore likely to lead to lifelong disability.

Three examples will suffice. Among a group of minor foot deformities will be a few cases of pes cavus. Here a slight increase in the height of the longitudinal arch giving rise to no symptoms whatever will be disregarded or even looked upon as an improvement on the average. Yet this deformity can increase insidiously and lead to real disability. Early treatment presents no problem. When symptoms arise possibly in early adult life it is too late. Hallux valgus a deformity on the increase with modern fashions, can be prevented from becoming an all too common source of misery. The third example is the rounded back of late childhood and early adolescence. Again completely symptomless and easily confused with a postural deformity it responds well to early treatment but cannot be corrected at all a year or two later. If it remained symptomless this might not matter but backache in middle life, sometimes severe, usually follows.

If we are to catch all these cases and this must be done, how is it to be achieved? A few general practitioners undertake periodic routine examinations of children in their practices but these are a very small minority. A few parents insist on having the health of their children checked from time to time. These again are a minority. Only a system of frequent periodic examination can discover these cases. The Education Authority is in the unique position of having the opportunity and the facilities to do just this. During the last decade, many of Birmingham children have been rescued from certain lifelong ill health and an even higher standard of living will not make this work unnecessary since we still do not know the basic causes. Children attending schools under an Education Authority such as that in Birmingham have hitherto enjoyed advantages denied to those going to public and private schools. Is this advantage soon to be lost?

The work of the School Medical Officer in discovering the cases detailed above is greatly appreciated, and the co-operation and interest of the physiotherapists has been most encouraging."

The following is an analysis of this work of the Orthopaedic

Division during the past year :-

Summary and analysis of the cases treated in the Physiotherapy Service

Reason for 2	Attenda	писе	Number of Children Treated	Number of Attendances	
Remedial Exercises			 	2,207	26,049
Massage			 	152	998
Radiant Heat			 	180	722
Electrical Treatment			 	10	194
Other Purposes			 	517	1,911
	To	OTAL		3,066	29,874

		RESULT OF TREATMENT						
Defect 1	Number Treated 2	Remedied 3	Much Improved 4	Slightly Improved 5	Unchanged 6	Discon- tinued Treatment 7		
Spinal Curvature	280	97	107	39	20	17		
General Muscular Debility	257	38	98	79	23	19		
Paralysis	17	1	1	6	9	advativa		
Foot	1,284	351	430	290	96	117		
Asthma	322	63	140	73	25	21		
Bronchiectasis	28	40-40-4	8	17	_	3		
Bronchial Catarrh	245	33	112	65	15	20		
Injuries to Limbs	57	42	4	2	5	4		
Wry Neck, etc	54	29	9	7	4	5		
Total	2,544	654	909	578	187	206		

Total number of Individual Children treated during the year — 2,376.

A summary and analysis of the cases seen by the Orthopaedic Surgeon is given below :—

1.	Postural Defects :						
	Kyphosis						35
	Scoliosis						12
	Lordosis						2
2.	Defects in extrem	uities :					
	(a) Foot and	d Ankle :					
		Pes cavus					1()
		Hallux valgus					38
		Hallux rigidus					1
		Valgoid ankles					17
		Knock knee					14
		Hammer toes					7
		Pes planus					15
		Tight tendo achilles					5
		Wasting of calf musc	les				1
		Tibial tension					1
		Dislocation 5th toe					1
	(b) Arm and sh	oulder girdle					
	` /	Torticollis					14
		Sprengel's shoulder					1
3.	Congenital defect	6.					
<i>J</i> .	Congenital defect						
		Muscular dystrophy			• •		2
		Depressed sternum		• •		• •	1
4.	Disease:						
		Poliomyelitis					1
		Osteochondritis					18
5.	Other conditions	:					
		Sprained ankle					2
		Wry neck					1
		Spastic hemiplegia					2
		Schlatter's disease					1
		Rheumatoid arthritis					2 "

ULTRA VIOLET RAY TREATMENT

	Number Treated	Cured or Much Improved	Improved	No Better	Ceased to Attend Before Completion of Cure
Debility	682	130	393	39	120
Rheumatism	8	1	5	1	1
Chorea	40		25	6	9
Bronchitis and Asthma	380	69	242	25	44
Nasal Catarrh, etc	479	121	262	29	67
Enlarged Glands	13	2	10	_	1
Otorrhoea and Deafness	30	7	19	2	2
Blepharitis and Conjunctivitis	37	8	19	2	8
Anaemia	18	4	12	_	2
Chilblains	12	3	7	_	2
Alopecia	16	_	10	3	3
Impetigo	4	_	2		2
Other skin troubles	227	41	126	15	45
Totals	1,946	386	1,132	122	306

CHIROPODY CLINIC

Mr. H. Wildbore reports :-

"The work of the department continues to follow its established pattern. In many ways 1962 has been its most successful year.

Fashion shoes with pointed toes, particularly those without laces or straps, continue to have a deforming effect on the teenage feet of girls and boys. There is a depressing tendency for younger children too, to wear such shoes. Stretch nylon socks and stockings also cramp and deform many toes. It does seem desirable that some action should be taken to protect young people from injury to the feet which may cause pain and expense throughout life".

Analysis

		•				
Condition				Λ	lumber	of Cases
Plantar warts—single				 		105
Plantar warts—multiple				 		92
Warts on hands, etc				 		11
Corns				 		68
Interdigital corns				 		4
Callous				 		33
Onychocryptosis				 		10
Involuted nails				 		9
Onychophosis				 		4
Onychogryphosis and onyc	hauxis			 		8
Pes cavus				 		2
Pes valgus				 		40
Hallux valgus				 		68
Hallux flexus				 		1
Hammer toes and mallet to	es			 		3
Clawed and retracted toes				 		12
Burrowing toes				 		93
Overlapping toes				 		22
Painful heels				 		3
Acute foot strain				 		6
Anterior metatarslgia				 		1
Varus 5th toe				 		1
Sub-ungual exostosis				 		1
Bursitis				 		1
Hyperidrosis				 		2
Erythema pernio				 		4
Tinea pedis				 		5
Foreign body				 		1
						(10
						610
Total number of new cases				 		388
,, ,, ,, re-examin				 		1,427
,, ,, ,, attendance				 		1,815
,, ,, treatment	S			 		2,724
,, ,, discharged				 		409
,, ,, referred for F			, etc.	 		8
,, ,, still under tre				 		177
,, ,, of cases of ve				 		203
,, ,, of attendance			~ .	 		1,015
Average attendances per cas	e of ve	erruca		 		5

Summary of foot inspections carried out at schools during 1962

Fourteen sessions were held at four Primary Schools and children aged 7—9 years were seen.

					Girls	Boys
Number of children see	n .	•		 	299	285
Conditions observed:						
Pes valgus .				 	147	144
Pes cavus .		•		 		2
Hallux valgus .				 	68	41
				 	53	51
Other conditions of	f 1st seg	gmen	t	 	11	5
Hammer toes .				 	1	2
Burrowing toes .		•		 	113	114
Overlapping toes .				 	2	5
Other conditions of	f lesser	toes		 	7	9
Corns and callous		•		 	29	21
Onychocryptosis		•		 		2
Thickened nails .				 	23	8
Other nail conditio	ns .			 	1	2 3
Verrucae		•		 	4	3
Tinea pedis .		•		 	1	1
Footwear:						
Short				 	74	40
Inadequate in other	ways			 	51	7
Referred for treatment						
C1 · 1				 	93	81
Pliysiotherapy .				 	5	3

SPEECH THERAPY

Miss E. S. Sprayson, Senior Speech Therapist, reports :-

"Miss Mary Barker was appointed to a full-time post in September. Mrs. Pamela Norman was appointed for one session a week in January and Mrs. Gwenyth Errey for one session a week in December.

Mrs. Mavis Hampson resigned from her part-time post in April. Mrs. Maureen Allen resigned from her full-time post in August and is now working for the City of Leicester. Miss Joan Barfield resigned from her full-time post in August and is now working for Hertfordshire County Council. Miss Linda Crees resigned from her full-time post in September and is now working in Vancouver, Canada.

Mrs. Janet Lewis resigned from her full-time post in February continuing to work in a part-time capacity.

In the report for 1961 it was stated that the number of therapists working in the City in December 1961 was 'eight full-time therapists (including the Senior) and two part-time therapists working for a total of four sessions'. In December 1962 there were five

therapists working full-time (including the Senior) and four therapists working part-time for a total of twelve sessions. The situation with regard to lack of staff is most acute and the service, as it was known a few years ago, will slowly deteriorate if the staffing difficulty continues.

Diagnosis of Speech, Language and Voice Disorders

The diagnosis of any speech, language or voice disorder may take several months and not until the diagnosis has been made can treatment be planned. Successful treatment is based upon correct diagnosis. There is little point in giving lip, tongue and articulation exercises to a child with dyslalia — or relaxation to a child who stammers until the cause of the dyslalia and stammer is determined.

As diagnosis plays such a very large part in our work we are grateful for the interest and help of our colleagues in the Medical and Education professions. We have in the past asked for 'opinion and advice' from Neurologist, Paediatrician, Plastic Surgeon, E.N.T. Consultant, School Medical Officer, Health Visitor, Head Teacher, Class Teacher, Peripatetic Teacher of the Deaf, Probation Officer and After Care Officer.

The staff of the Child Guidance Service have shown a very real interest in the problems of the child with speech and language difficulties and we are fortunate to have the help of Psychiatrist, Psychologist, Psychiatric Social Worker and Remedial Teacher.

Those of us able to work in the same premises as a Child Guidance Clinic find it very easy to discuss cases as the need arises. Therapists working in other Speech Clinics are encouraged to refer cases for Child Guidance and to visit the clinics for discussion whenever possible".

CTATICTICS

3171131173		
	1962	1961
Number of cases under treatment	1,034	1,146
Number of cases referred for treatment	608	577
Number of cases transferred between clinics while on		
the waiting list	39	48
Number of cases admitted for treatment	362	454
Number of cases failing to attend interview	43	73
Number of cases where Speech Therapy was unnecessa	ry 137	162
Numbers of cases discharged	441	474
Numbers of cases on the waiting list	441	375
Number of interviews with parents or guardians	1,488	1,789
Number of schools visited	31	29
Number of homes visited		8
Number of visitors to the clinics	76	59

CHILDREN UNDER TREATMENT—CLASSIFICATION OF DEFECTS

						1962	1961
Alalia						 3	3
Dyslalia						 508	575
Sigmatism						 80	79
Rotacism						 4	2
Stammer						 279	319
Stammer and o	lyslalia					 27	27
Stammer and s	•	111				 1	11
Stammer and o	. **					 1	_
						 _	3
Clutter and dy						 1	2
Clutter and sig						 	2
Language retar						 29	31
Speech and Lar		retard	ation			 40	15
Aphasia						 _	1
Dysphasia						 4	3
Dysphasia and						 _	1
Post operative	-					 12	18
Cerebral palsy	_					 3	2
Dysarthria						 7	1
Dysarthria and						 _	1
Hyper-rhinolal						 2	8
Hyper-rhinoph		• •				 	8
Hyper-rhinoph		ıd stam	imer			 _	2
Hypo-rhinolali						 1	1
Hypo-rhinopho						 _	2
Mixed nasality						 6	_
Dysphonia						 4	4
Dysphonia and	sigmat	ism				 _	1
Dysphonia and						 2	3
Partially deaf	•					 3	5
Retarded speed							
normality		-				 6	7
Idioglossia						 2	_
Dysglossia						 _	1
Brain Injured						 _	1
Congenital aud	litory in	nperce	ption			 1	_
Post operative	cleft pa	late an	d refus	sal to sp	peak	 1	_
Undiagnosed						 7	7
						1,034	1,146
						1,001	1,110

SOURCES OF REFERRAL

	1962	1961
c4 1 D		307
School Doctors	324	
Birmingham Childrens Hospital	8	12
Selly Oak Hospital	_	2 3
Dudley Road Hospital	_	フ 1
Birmingham General Hospital	_	l 1
Orthopaedic Hospital	_	1
Uffculme Clinic		1 10
General Practitioners	3	
Aural Clinic	10	11
Head Teachers	147	144
Heads of Training Centres	1	2
School visits by Speech Therapists	48	27
Child Guidance Clinics	13	7
Remedial Teachers	1	5
Parents	20	21
Medical Officer of Health	26	12
Childrens Department	2	1
After Care Officers	2	2
Residential Homes	_	5
Probation Officers	_	Í
Transfer from Grimsby	_	1
Transfer from Worcestershire County Council	2	_
Transfer from Warwickshire County Council	1	_
	(()0	
	608	577
REASONS FOR DISCHARGE		
REASONS FOR DISCHARGE	1962	1961
Cured		1961 174
	1962	174 70
Cured	1962 162	174
Cured	1962 162 85	174 70 23 4
Cured	1962 162 85 40	174 70 23
Cured	1962 162 85 40 3	174 70 23 4
Cured	1962 162 85 40 3 20	174 70 23 4 19
Cured	1962 162 85 40 3 20	174 70 23 4 19
Cured	1962 162 85 40 3 20	174 70 23 4 19
Cured	1962 162 85 40 3 20	174 70 23 4 19 16 1
Cured	1962 162 85 40 3 20 5 — 1	174 70 23 4 19 16 1 —
Cured	1962 162 85 40 3 20 5 — 1 — 47	174 70 23 4 19 16 1 — 1 58
Cured	1962 162 85 40 3 20 5 — 1 — 47	174 70 23 4 19 16 1 — 1 58 16
Cured	1962 162 85 40 3 20 5 — 1 — 47 17	174 70 23 4 19 16 1 — 1 58 16 4
Cured	1962 162 85 40 3 20 5 — 1 — 47 17	174 70 23 4 19 16 1 — 1 58 16 4
Cured	1962 162 85 40 3 20 5 — 1 — 47 17 — 18	174 70 23 4 19 16 1 — 1 58 16 4 13
Cured	1962 162 85 40 3 20 5 — 1 — 47 17 — 18	174 70 23 4 19 16 1 — 1 58 16 4 13
Cured	1962 162 85 40 3 20 5 — 1 — 47 17 — 18 26 6	174 70 23 4 19 16 1 — 1 58 16 4 13 38 7 21 4
Cured	1962 162 85 40 3 20 5 — 1 — 47 17 — 18 26 6	174 70 23 4 19 16 1 — 1 58 16 4 13 38 7 21
Cured	1962 162 85 40 3 20 5 — 1 — 47 17 — 18 26 6	174 70 23 4 19 16 1 — 1 58 16 4 13 38 7 21 4
Cured	1962 162 85 40 3 20 5 — 1 — 47 17 — 18 26 6	174 70 23 4 19 16 1 — 1 58 16 4 13 38 7 21 4

ATTENDANCES AT CLINICS

					1962	1961
Dame Elizabeth	ı Ho	usc	 	 	879	1,538
George Road			 	 	1,120	938
Handsworth			 	 	894	1,158
Harvey Road			 	 	399	428
Kings Heath			 	 	2,028	2,355
Kingstanding			 	 	352	416
Lea Hall			 	 	486	690
Maas Road			 	 	338	349
Moseley Road			 	 	547	471
Sutton Street			 	 	1,202	1,266
					8,245	9,589

TUBERCULOSIS

Dr. V. H. Springett, Medical Director of Birmingham Chest Services, reports:—

"Notifications

There were 64 notifications of tuberculosis for children aged 5—14 years in 1962, the same number as in 1961, 20 less than in 1960, but 12 more than the record low number in 1959. The numbers now are so small that some fluctuation in the general downward trend is to be expected. Most notifications in childhood arise from the routine examination of children exposed to infection at home, and the occurrence of tuberculosis in one or two large families can easily lead to an increase in the total of notifications.

A total of 1,159 children were examined as contacts at the Chest Clinic during the year.

Mortality

Unfortunately the 3-year record of no deaths in children was broken in 1962, by the death of a 7-year old child, who had been notified following a routine contact examination in May 1961. She was under treatment in hospital when she died suddenly as a result of obstruction of the main air-passage following the rupture of a tuberculous gland: this is a rare mechanical complication of tuberculous glands, and particularly tragic when it occurs, as in this case, when the infection appears to be controlled.

Hospital Treatment

Hospital care for tuberculous school children continued to be available at Yardley Green Hospital, either in the 25 bed children's ward, or in a small separate section of an adult female ward for older

school girls. The very small number of older school boys requiring treatment were treated in a ward for male adults. The number of children admitted to Yardley Green Hospital during the year was 73, and there was no change in the excellent arrangements to continue their studies.

A small number of Birmingham children were admitted to The Limes Hospital, Himley, during the year, making up for the closure of the Kyre Park Hospital.

Table 1

BOYS AND GIRLS ANNUAL NOTIFICATIONS AND DEATHS
FROM TUBERCULOSIS IN CHILDREN OF SCHOOL AGE OR LESS

			0—4 Years	Notifications 5—9 Years	10—14 Years	Totals 0—14 Years	Deaths 5—14 Years
1936-40)	 	65	41	34	140	21
1941-45	5	 	78	44	36	158	22
1946-50)	 	95	66	52	213	16
1951-55	5	 	89	87	65	241	4
1956		 	85	62	54	201	1
1957		 	42	51	44	137	()
1958		 	69	44	59	172	2
1959		 	47	22	3()	99	()
1960		 	62	46	38	146	()
1961		 	50	37	27	114	()
1962	٠.,	 	61	34	30	125	1

Table 2
BOYS AND GIRLS NOTIFICATIONS AND DEATHS
FROM PULMONARY AND NON-PULMONARY TUBERCULOSIS
1962

		Pul	monary	Non-Pi	thnonary	A	ll Forms
Age Gronps		Cases			Deaths	Cases	Deaths
0-4 years		 58	()	3	()	61	()
5-9 years		 32	1	2	()	34	1
10-14 years		 25	()	5	()	30	()
Total	s	 115	1	10	()	125	1 ''

B.C.G. AND VOLE BACILLUS VACCINE IN THE PREVENTION OF TUBERCULOSIS IN ADOLESCENCE AND EARLY ADULT LIFE

The Third Report to the Medical Research Council by their Tuberculosis Vaccines Clinical Trials Committee has been issued.

It will be recalled from previous reports that a controlled clinical trial of the effects of B.C.G. and vole bacillus vaccine during adolescence and early adult life was started in England in 1950. More than 50,000 children of both sexes participated, nearly all aged 14 to $15\frac{1}{2}$ years on entry, initially free both from active tuberculosis and from known contact with the disease at home, and originally living in urban areas in or near North London, Birmingham and Manchester. Those with negative reactions to tuberculin on entry were vaccinated with B.C.G. or vole bacillus vaccine or left unvaccinated, according to a method of random allocation. All the participants, including those with a positive reaction to tuberculin initially, were followed up to discover the cases of tuberculosis occurring among them.

Two reports have already been published (Medical Research Council, 1956, 1959), giving details of the trial; the second report contained results after each participant had been in the trial for five years. These showed that the two vaccines conferred substantial protection against tuberculosis; the reduction in incidence in the vaccinated group in the first five years, compared with the tuberculinnegative unvaccinated group, was 83% for B.C.G. vaccine and 87% for vole bacillus vaccine.

This third report presents results for a period of intensive follow-up until September 1960, all participants having by then completed between seven and a half and ten years in the trial (average 8.8 years).

The summary shows that for the whole period the annual incidence of tuberculosis in the B.C.G. — vaccinated group was 0.40 per 1,000, compared with 1.91 per 1,000 among those in the tuberculinnegative unvaccinated group who were admitted concurrently; this represents a reduction of 79% attributed to vaccination. Over the same period the annual incidence of tuberculosis in the vole-bacillus-vaccinated group was 0.43 per 1,000, compared with 2.30 per 1,000 among those admitted concurrently to the tuberculin-negative unvaccinated group; this represents a reduction of 81%. The protective efficacy of each vaccine was thus substantial and was closely similar to that found for the shorter periods in the earlier reports (M.R.C., 1956, 1959).

B.C.G. VACCINATION

		1962	1961
TOTAL NUMBER OF VACCINATIONS	 	 16,815	16,336
Total Number of Injections	 	 38,795	34,093

School Children (13 years old)

Arrangements for the continuation of this scheme among school children were as before.

During the year 15,184 children had B.C.G. Vaccination in schools, as compared with 14,457 in 1961.

The encouraging decline of Mantoux Positives shown last year has been maintained but at a decreasing rate:—

```
1954 1955 1956 1957 1958 1959 1960 1961 1962
18.3% 15.1% 13.5% 13.0% 11.9% 9.4% 8.9% 7.9% 7.5%
```

Details of programme in schools are as follows:—

Number of parents approached .		 	 	19,801
Number of acceptances		 	 	17,388
Number fully Mantoux tested .		 	 	16,583
Number Mantoux Positive .	*	 	 	1,240
Number Mantoux Doubtful		 		77
Number Mantoux Negative				15,266
Number Vaccinated with B.C.	.G.	 	 	15,184

Eighty-two children who gave a negative reaction to Mantoux test were not vaccinated for various reasons, swimming, illness, etc. A number of these were later tested and vaccinated at alternative clinics.

A sample of children from each school were given a conversion Mantoux test, and of one thousand one hundred and seventy-four tested, one thousand one hundred and thirty-four (96.6%) had converted.

Two hundred and fifty-six 13 year old school children were found to have been previously vaccinated either through the Contact Clinic in this City, or as special requests either through this City or other Cities:—

As the result of a case of tuberculosis at a Training Centre this Centre was visited earlier than usual — 29th May 1962, and at the same time another Special Training Centre was visited because some of the children who were in contact with the case at a first Centre had been transferred there. One school was visited on the 2nd April 1962, because of a case of tuberculosis in the school. A previous visit had been paid to this school in October 1961 and it was not due for a re-visit until October, 1962.

During the year staff at various schools were Mantoux tested.—

Number Mantoux tested 10
Number Mantoux Positive 5
Number Mantoux Negative and Vaccinated 5

School Children X-Rayed during 1962

All children who gave a positive reaction to Mantoux tests (excluding those previously x-rayed) were offered x-ray appointments. (These include children who had previously been vaccinated and were re-tested as they now enter into the 13-year school scheme, and whose Mantoux test showed a positive result).

We continued to offer x-ray appointments to children whose parents refused Mantoux testing or vaccination with B.C.G. and also children who for varying reasons could not receive a skin test—

Number of appointments given to Non-acceptors 2,413							
Number attended	1	,371					
Number Normal	1	,344					
,, Abnormal		27					
,, Referred to Chest Clinic		15					
,, x-rayed during the year already		28					
,, already under Hospital care		4					
Number of x-ray appointments given to children	who						
would not benefit by vaccination with B.C.G.		219					
Number attended		118					
Normal		117					
, Abnormal		1					
,, Under Hospital Care		1					
., x-rayed during the year already		1					
,, Failed to attend		99					

All children whose parents had signed permission cards for them to receive vaccination against tuberculosis, and who were absent when the Team visited the school, and who also failed to attend Central Clinics, were offered x-ray appointments:—

Number	es	 742				
	attended					 212
	Normal					 211
	Abnormal					 1
	x-rayed durin	ig the	year alr	eady		 4
	Refused					 1
,,	Left City					 1

Notification in 1962 of Tuberculosis in school children previously Mantoux tested or B.C.G. vaccinated:—

Five	children	who	were	Mantoux P	ositiv	e in	196	2	
One	child wh	o was	S	,,	5 7	2.2	196	1	
	children			,,	,,		195		
	child wh			,,	"	2.2	195		
	children			> >	,,				
	children			,,	22		195		
Two	children	who	were	vaccinated	with	B.C	G.	in	1956
,,	,,	,,,	"	,,	"	,,		,,	1955

Three-year Follow-up of Mantoux Positive School Children by X-ray. Mantoux Positive in 1958 (July—December) (Completing 1958)

Appointments offered	 298
x-rayed during the year already	 27
Number attended	 144
" Normal	 129
" Abnormal in 1962 Normal in 1958	 3
" Abnormal in 1958 Normal in 1962	 11
" Abnormal in 1958 and in 1962	 1

Follow-up of Chest x-rays of those who were Mantoux Positive in 1959 (January—June) (1959 Incomplete)

Appointments offered				 214
x-rayed during the year alr				11
Number attended				 98
" Normal				 89
" Normal in 1959 A				 1
,, Abnormal in 1959	Nori	nal in	1962	 8

Visits were again only paid to the University and Shawbury School, due to the poor response from the other colleges included in the B.C.G. Vaccination Scheme. Students attached to the other colleges and who wished to avail themselves of the Scheme were given appointments to attend at the Central Clinics at Congreve Street.

Number	of vi	sits (Un	iversity and Shawbury School)	. 4
			eld at Congreve Street	4
Number	of po	rmissio	n cards received	_275
			fully Mantoux tested	121
		,,	who gave Negative result	
			to Mantoux test	110
,,	,,	,,	Vaccinated with B.C.G	110
21	,,		who gave Positive result	
			to Mantoux test	10
,,	"	,,,	who gave Doubtful result	
			to Mailtoux test	1

Contacts, Hospital and Public Health Staffs.

Two visits were made to Hospitals in connection with vaccination of Staff.

Ninety-six clinics were held during 1962 at the Public Health Department —

N.Y. 1	1				4 (00
Number	skin tested			 	 1,638
,,	Positive			 	 143
,,	Doubtful			 	 12
,,	Negative			 	 1,483
,,	Vaccinated	with	B.C.G.	 	 1,497

(Seventeen Mantoux negative reactors were not vaccinated for various reasons. The number vaccinated includes thirty-one direct from Maternity Hospital without Mantoux test).

Fifteen babies were vaccinated at Maternity Hospitals by a Physician.

Convers	ion Mantoux	test c	omplete	ed				1,388
Number	Converted		••					1,331
,,	Negative							41
,,	Re-vaccinat	ed						10
,,	Doubtful							16
,,	who failed	to att	end for	readi	ing of	tests a	at all	
	Contact Cli	nics						132
Total nu	mber of inje	ctions	given at	t Cont	act Cli	nics		4,665

Visitors

During the year 67 people visited the Section. These included six Doctors, one from Nigeria, one from Burma, one from Turkey, and 3 from the surrounding district of Birmingham, one nursing graduate from Nigeria and sixty Student Nurses from Birmingham Hospitals.

MASS RADIOGRAPHY SERVICE

Dr. L. 'A. McDowell, Medical Director, reports :—

"School Children X-Rayed during 1962

Children who gave a positive reaction to Mantoux tests and, those whose parents refused this test, as well as a few other children were offered chest x-rays in order to exclude tuberculosis. These x-rays were carried out by the Mass Radiography Service.

Analysis of Chest X-Ray Findings

Children with Positive Reaction to the Mantonx Number given appointments Number x-rayed				(91%)
Tuberculosis Found			22	
Referred to Chest Clinic			22	(0.4
Active lesions				(3.6 per 1,000)
Inactive but under supervision			17	
Other inactive lesions			9	
Non-Tuberculous Abnormalities				
Referred to Chest Clinic or Hosp	iral		7	
Others			11	
Children of parents who have Refused Permission	for M	antons	test.	
Number given appointments				
Number x-rayed				(50.5%)
Tuberculosis Found				
Referred to Chest Clinic			6	
Active lesions			1	
Inactive but under supervision			5	
Other inactive lesions '			5	
Non-Tuberculous Abnormalities	. 1			
Referred to Chest Clinic or Hosp			/	,,
Others			8	.,

CHILD GUIDANCE SERVICE

Dr. C. L. C. Burns, Senior Consultant Psychiatrist, reports :-

"Taking a backward glance at cases treated long ago is always interesting, and instructive. The impression made by looking over the first two hundred cases or so, is that most of them could have been dealt with by simpler means than Child Guidance. Many were backward and dull, from overcrowded homes. Some were sent to Open-Air Schools or Convalescent Homes. In others a little advice and encouragement was all that was needed. Some no doubt would relapse later. There were perhaps ten per cent who were worth full treatment. The fact of the matter was that in those days we were expected to work miraçles: to clear up problems which were entirely due to bad economic and social conditions, and in other ways to make silk purses out of sow's cars. This gradually changed, and a more suitable selection was made as the years passed.

As regards conditions of working I suppose we had our fair share of difficulties and frustations. More cases than one could cope with, lack of staff, and especially bad premises. It was not till after the war that one was able to work in a Clinic which was fit to be seen from the material point of view. Has Child Guidance changed much in thirty years? Not in essentials, but it has emerged from its comparative isolation and perhaps a certain rigidity, and become more varied and adaptable. In Birmingham the Child Guidance Service has gradually established better links with the School Service, mainly through the School Psychological Service, and the 'remedial teachers', as well as speechtherapists, are now all in Clinic premises (always bursting at the seams). It is also probably more favourably viewed by family doctors, and especially by paediatric specialists, than it used to be.

There is still room however for closer co-operation with many departments which deal with childhood problems. There is scope for much preventive work in other types of Clinics, such as Infant Welfare and School Clinics, as well as Paediatric out-patient departments. The knowledge which child psychiatry has evolved about the mental hygiene of childhood is being gradually passed on to medical students who will be able to apply it, one hopes, in the future. This information is mostly quite simple in its context, but young parents need to be more aware of what to expect at different phases of their children's development, and reassurance about emotional problems in the earliest years can often work wonders.

The first case ever seen at the Clinic 30 years ago, was referred for 'avoiding school'. He had been excluded from school on account of his 'nerves' for the past six months. Since the subject of 'school phobia' is a contemporary problem of some importance, it may be of interest to describe the case briefly and see what happened. Ronald was twelve years old when he came to us, and for the first two years had been missing school more and more with all sorts of excuses, from toothache to fainting. He had one sister four years older. His father had been a 'mother's boy', had broken down in the first world war, and was quiet and ineffectual. The mother was more normal, but gave in too much to the boy, who still slept in the same room as the parents. Ronald was a boy of poor physique, left-handed, quiet and sensitive. He was of average intelligence timid at school, and backward on account of absence. On one occasion the Education Welfare Officer called, and found Ronald fully armed with toy weapons, including an air-gun, from which a pellet whistled past the officer's head as he left—which showed that Ronald could be aggressive if need be. After a period of attendance at the Clinic, he was tried at Open-Air School but broke down after a few days, and said he would go to his old school. The Education Welfare Officer and the Headmaster were asked to cooperate- and the mother told that we must now be firmer with Ronald. This was a typical case in short, and one had to judge (by instinct at

that time, rather than experience!) at what point, after explanation and reassurance to begin to exert some 'moral pressure'. At any rate after a few months he was back at school, had been to a camp school which he enjoyed, and there has been no further trouble. When he left school there was a period of unsettled jobs, but two years later he was in a steady electrical job and was much more robust. It would have been interesting to know how he fared subsequently, and how he survived the war, but in a follow-up done in 1948 the family could not be traced.

One of the early cases receiving full treatment was a small boy of six who was unmanageable and the terror of the home. The parents quarrelled a great deal, and eventually separated. The child attended for play-therapy for some months and gave a dramatic demonstration of every kind of Freudian behaviour and interest that can be imagined, without any prompting or interpretation. His sexual and lavatory interests turned to wireless, and when followed up fifteen years or so later, he was living with his father and on the way to becoming a brilliant scientist and a charming young man. He had no recollection whatever of what he had said and done at the Clinic: it could be said that he had achieved a satisfactory sublimation! 30 years later however, he is still unmarried and unsocial.

An interesting point occurs to one: what sort of parents would these children make, and how many of their children would become neurotic or show severe problems of behaviour? It might have been expected that up to date then we would be seeing some of these children, but the fact is that we have hardly seen a single parent who originally attended the Clinic as a child—unless they have forgotten having done so! The results of our advice or treatment remain of course incalculable. A very thorough individual follow-up of cases seen from years earlier was carried out at one time, and the results seemed encouraging; but how far lasting improvement, or prevention of neurosis or delinquency could be claimed to our credit is another matter. The need however, for the kind of help and service that Child Guidance can give, is proved by the very rapid expansion of Clinics during the past thirty odd years.

This being my last report, I would like to take the opportunity of expressing my appreciation of the co-operation and loyalty which I have received from my colleagues, both in Clinics and other departments, during my thirty years service".

Mr. W. J. Bannon, Senior Educational Psychologist, reports :-

"A feature of the statistical returns compelling attention is the record waiting lists for clinical investigation at the end of the year. Never before in the history of the Service have more than 200 been awaiting a first interview. This is a 70% increase on the waiting list twelve months previously. It is partially explained by the phenomenal reduction in the numbers failing to accept investigation. There was a drop here of 54 (37%). A more important factor in the growth of waiting lists, however, is the continued bottle-neck in the P.S.W.'s work. To keep pace with the number of cases on our registers during the year (882) each of our present staff would have to deal with 252 cases annually — quite an impossible situation. The decision to employ Social Workers to fill some of the P.S.W. vacancies has helped a little, but we are still at only half our establishment strength and one-fifth of our planned needs in this field. Shortage of trained personnel throughout the country is only part of the reason for the problem. More attractive salaries paid in other social work fields is, I think, another reason.

While the Clinical Service difficulties increase, the Schools Psychological Service continues to expand. Nearly 900 children were seen individually by psychologists in schools and at Special Schools Clinic, and a small but interesting and rewarding research project was carried out in a Junior School in the industrial heart of the City. The Head Teacher was willing to release an experienced class-teacher to take eight children for group drama therapy once a week for nine months. These children were selected from the sixteen most difficult children in the school, the problem children, the misfits. There were four boys and four girls in the group. They were matched for age, sex, intelligence and maladjustment by a control group of eight equally disturbed children, for whom no group drama was organised. All sixteen were assessed comprehensively by a psychologist both before and after the experiment, and the results on the Bristol Social-Adjustment Guide show a dramatic drop in the amount of behaviourdisturbance in the boys and girls who had the group drama periods. There was no such drop in the level of disturbance in those children who had not been selected, and formed the control group. The results suggest that the organisation of small groups of children for drama therapy is a useful preventive measure. It allows problem children to express some of their problems in such play periods, and to build up stronger and more pleasing personalities. The most significant feature of this experiment is that it was carried out by a member of the school staff, and that the Head Teacher and his staff can in future organise such groups within the school as they find it necessary."

year's figures are as follows :-	-						
On waiting list at 31.12.61							12
Cases referred during 1962							76
							88
Sources of Referral:							
Parents							8
School Medical Officers							15
General Practitioners							7
Hospitals, etc.							1
Head Teachers				• •			24
Probation Officers		• •		• •		• •	4
Other Agencies			• •	• •			14
							76
Reasons for Referral:							
Behaviour Problems							38
Nervous symptoms							8
Habit disorders							8
Educational problems	• •		• •	• •		• •	11
Multiple problems	• •	• •	• •	• •	• •	• •	9
							76 —
Seen (581)							
Children treated Not Seen (301)	• •		• •	• •	• •	• •	58
							9
On Waiting List at 31.12.	.62			• •		• •	20
							88
Cases closed during year :—							
After diagnosis and advice							12
Improved							32
Placed away from home							4
Did not materialise							9
Other reasons	• •	• •	• •		• •	• •	11
							70
T. ASSESSMENTS							
In Primary and Secondary School	ls (39)	1)					
Partially Hearing Pupils	,	*					2
Assessed as E.S.N. (62%)		. ,					23
Not E.S.N. (38%)							14
(-707							
							39

In Special Schools and Special Schools Clinic	(441)				
Children unsuitable for Education at S			, ,		105
1944 Education Act			• •		125
Tests of Partially Hearing Children					48
Tests of Partially Sighted Children					25
Tests in Special Schools and Special	Schools	Clinic	other	than	
above					243
					441
Remedial Teaching Service					
No. of interviews with children in Psychologist in 1962					64
No. of Primary and Secondary School					
Service during 1962				i the	42
					74

INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA AND POLIOMYELITIS

The school medical officers and nurses visit the schools for special investigation when cases of infectious diseases occur and appropriate action is taken. There is close co-operation with the Public Health Department and the notification of cases is passed on immediately by the Medical Officer of Health. Where indicated, a public health medical officer visits the schools for special investigation.

No school or department was closed during the year on account of infectious disease.

INFECTIOUS DISEASE AMONG SCHOOL CHILDREN, 1962

Disease	Sex	5—9 years	10—14 years	Total
Anthrax	M F			
Diphtheria	M F		<u> </u>	<u> </u>
Dysentry	M F	55 62	17 14	72 76
Acute infective Encephalitis	M F	2 1	_	2 1
Post infectious Encephalitis	M F.	1 1	11	2 1
Erysipelas	M F		4	4
Food Poisoning	M F	3 3	1	4 4
Measles	M F	733 751	47 64	780 815
Meningococcal Infection	M F		<u> </u>	3
Paratyphoid Fever	M F		_	_
Poliomyelitis Paralytic	M F	1		1 —
Poliomyelitis Non-paralytic	M F		_	
Pneumonia	M F	7 6	5 3	12 9
Scarlet Fever	M F	109 111	30 52	139 163
Smallpox	M F			
Typhoid Fever	M F	1		1 —
Whooping Cough	M	57 65	1 8	61 73
Respiratory Tuberculosis	M F	22 10	11 14	33 24
Non Respiratory Tuberculosis	M F		4	4 3

SCHOOL CHILDREN (1947-1956 AGE GROUP) IMMUNISED BY THE PUBLIC HEALTH DEPARTMENT Number of visits to schools and special schools 21		THE PUBLIC HEALTH DEPARTMENT	
SCHOOL CHILDREN (1947-1956 AGE GROUP) IMMUNISED Number of visits to schools and special schools		BY	21
	1902	SCHOOL CHILDREN (1947-1956 AGE GROUP) IMMUNISED	Number of visits to schools and special schools

and residential Homes and Nurseries 39 Total Visits 60	Total Injections 232 Number of oral doses given:	65 (completed primary course) 1st dose given 75		(supplementary course)	1 (supplementary) dose after 2		1 dose (after 3 injections) 21 (5-12 age group only)	Total Oral Doses 209
and resident		9 (9			18 (232
		:	:					TOTAL
	Number of injections given:	Ist injection given	2nd injection given	3rd injection given	4th injection given)		

SCHOOL CHILDREN IMMUNISED BY GENERAL PRACTITIONERS,

(at Infant Welfare Centres, during Campaign period, at evening Clinics, also Saturday morning and evening clinics at the Public Health Department and at Birmingham Parks during special functions). OR THE PUBLIC HEALTH DEPARTMENT

-									
	Total	124 2,981	404 3,215	18 2,472	7,772	1,336	1,758	24,426	2,615
	1947	3 241	23 257	122	549 49	89	122	263	18
	1948	2 256	29 247	53	630	77	133	261	9
	1949	262	29 277	6 73	746	111	143	1,570	70
	1950	6 255	28 337	256	51	91	188	2,989	211
DATE OF BIRTH	1951	9 239	32 273	297	779 59	117	140	3,376	299
DATE 0	1952	15 254	30 274	296	817 55	123	184	3,435	321
	1953	378	50 392	314	878 56	173	243	3,018	374
	1954	15 370	55 384	946	930	181	194	2,928	381
	1955	20 354	35 361	333	837 57	170	211	3,133	403
	1956	30 372	93 413	382	829 76	225	200	3,453	532
		: :	: :	::	: :	:	:	:	:
Year Immunised	1902	P.H. Dept. (2nd injection) G.P.'s. (2nd injection)	P.H. Dept. (3rd injection) G.P.'s. (3rd injection)	P.H. Dept. (4th injection) G.P.'s. (4th injection)	(3 doses) (3 doses)	P.H. Dept. (1 dose after 2 injections)	(1 dose anter 2 injections)	P.H. Dept. (1 dose after 3 injections)	(1 dose and) injections)
Year		P.H. Dept. G.P.'s.	P.H. Dept. G.P.'s.	P.H. Dept. G.P.'s.	P.H. Dept. (3 doses) G.P.'s. (3 doses)	P.H. Dept.	G.P.'s.	P.H. Dept.	G.P. S.
-				-					

AGE GROUP: 6—15 years

TOTAL INJECTIONS: 2nd injections (completed primary course) 3,105

3,105

TOTAL DOSES: 3rd dose (completed course) 3,619

1 dose (after 2 injections) ... 2,490

4th (5—12 age group) injection ... 2,490

8,345 3,094 27,041

DIPHTHERIA/DIPHTHERIA-PERTUSSIS/DIPHTHERIA PERTUSSIS TETANUS DIPHTHERIA-TETANUS 1962

Total Number of	6108600		1,621	P.H.D.	Individual	30,043		
Number of	Ocssions	713	2111	+1	639	17		
ı/Tetanns	Reinforcing	384			2	5	131	522
Diphtheria/Tetamis	Completed Primary	121				9	26	153
Diphtheria	Sompleted Primary Reinforcing	1,291	36	16	5,070	116	1,450	7,979
Бірн	Completed Primary	285	10	37	1,742	19	405	2,540
iphtheria/ Tetanus	Reinforcing						685	685
Combined Diphtherial Pertussis/Tetanus	Completed Primary	4,477	. 55	5		4	6,975 anus V	11.526
oined Pertussis	Sompleted Primary Reinforcing						970 744 6.9 319 Tetanus 12 Tetanus only only	756
Combined Diphtheria/Pertussis	Completed Primary	624	43	9	2	2	1,970 319 Tetan	2,966
		:		•			:	Тотаг
		Infant Welfare Centres	Day Nurseries	Institutions	Schools	Council House	General Practitioners	

Total Completed Primary ... 17,185

Total Reinforging ... 9,912

DEATHS FROM ALL CAUSES

AMONG SCHOOL CHILDREN — 1962

Causes of Death		
Acute Infectious Encephalitis including Encephalitis Lethargica	Male	
Tuberculosis of Respiratory System	Female	
Digestive Organs and Peritoneum	Female	1
Urinary Organs	Female	1 -
Other Organs	Female Male Female	1 1 2
Diabetes	Male	1
Cerebral Haemorrhage, etc.	Male Female	_ _ 1
Other Nervous Disorders and Sense Organs	Male	1 2
Heart Disease	Male	1
Bronchitis	Male Female	- 1
Pneumonia (all forms)	Male Female	1 2
Other Respiratory Diseases	Male Female	1
Appendicitis	Male Female	1 2
Cirrhosis of Liver	Male Female	1
Acute and Chronic Nephritis	Male Female	- 1
Congenital Debility, Premature Birth, Malformations, etc.	Male	3
Suicide	Female	1 1
Other Violence	Female	13
Other Causes	Female	7
All Causes	Female Male Female	2 27 24

FATAL ACCIDENTS AMONG SCHOOL CHILDREN 5—14 YEARS INCLUSIVE, 1962.

Date	Age	Sex	Injuries	Cause
12th Jan.	5	F	Septicaemia associated with extensive burns. Accidental death.	Night dress caught alight from coal gas fire.
13th Jan.	10	M	Cerebral lacerations. Fracture of skull. Misadventure.	Pedestrian knocked down by motor van.
5th Feb.	8	М	Respiratory failure due to bruising of the lungs associated with mysture of liver.	Pedestrian knocked down by car.
4th Feb.	5	F	Carbon monoxide posioning. Accidental death.	Room caught fire due to paraffin heater.
9 Feb.	14	F	Traumatic cerebral contusion.	Motor car collided with pedestrian.
10 May	9	M	Haemorrhage from ruptured liver. Misadventure.	Motor van collided with pedestrian.
31 May	9	M	Fractures of the skull. Misadventure.	Pedal cyclist collided with motor lorry.
18th June	6	M	Cerebral contusion. Accidental death.	Pedestrian knocked down by motor van.
6th Mar.	13	M	Asphyxia due to carbon monoxide. Misadventure.	Smouldering fire in centre of room where he slept.
8th July	14	М	Fracture of skull. In collision with unidentified vehicle. Open verdict.	unknown motor vehicle
21st Sept.	8	F	Drowning. Misadventure.	Fell from raft in Edgbaston Reservoir.
22nd Sept.	7	F	Cerebral laceration. Misadventure.	Pedestrian knocked down by motor car.
29th Nov.	5	F	Septicaemia from severe burns. Accidental death.	Clothing caught fire at coal fire.
18th Nov.	9	F	Severe head injury causing cerebral contusion. Misadventure.	Pillion passenger on motor scooter in col- lision with motor car.

Date	Age	Sex	Injuries	Санѕе
18th Nov.	14	M	Contusion of brain due to fracture of the skull. Accidental death.	Fell at home.
12th Aug.	11	M	Fractured skull accidentally sustained through slipping and falling down a cliff.	
21st Aug.	10	M	Drowning when he accidentally fell into River Avon at Abbotts Salford on the 16th August, 1962. Misadventure.	
5th Aug.	14	М	Drowning. Death by Misadventure.	
26th June	13	М	Asphyxia due to accidental drowning.	
10th June	14	M	Asphyxia due to immersion in water sustained when he fell down a steep rock into Ceunant Y Cwm, Ffestiniog. Accident.	

It is sad to report that the number of deaths from violence has increased this year. This wastage of precious young lives continues to give rise to much concern and the details of the causes are set out in the hope that thought is given to their prevention. There is need for making parents aware of unnecessary dangers at home. This is ably undertaken by the Royal Society for the Prevention of Accidents and the Birmingham Accident Prevention Council.

Street accidents also take their toll. Through Home and Road Safety Exhibitions, Junior Cycle Rallies, Safe Driving Competitions, "The Safety Campaigner" (the official organ of the Birmingham Accident Prevention Council) and the circulation of leaflets, a very strong bid is being made to reduce the number of deaths and injuries resulting from accidents. An appeal is made to every parent of a young cyclist to arrange for his child to be properly trained.

Moreover, Head Teachers, some of whom are members of the Birmingham Accident Prevention Council, have for many years included road safety as part of the curriculum in schools.

"As accidental deaths among children have declined more slowly than natural deaths, they are now proportionately more important than ever before. Twenty-eight per cent of all child deaths are the result of an accident, nearly half of which occur on the road".

Office of Health Economics 1962.

INSTITUTE OF CHILD HEALTH

Professor Douglas Hubble reports :—

"During the past year the Institute has received, jointly with Dr. E. L. M. Millar, a grant of £5,000 from the Nuffield Provincial Hospitals Trust to undertake a research into the health services for children outside hospitals in the City of Birmingham. Dr. Patria Asher has been appointed to carry out this research which will be jointly supervised by Dr. Millar and Professor Hubble and a steering committee has been appointed to assist them. Dr. Margaret Griffiths has joined the staff to do research work in cerebral palsy and this work is being supported by Mr. Paul Cadbury from a Cadbury Trust Fund for Cerebral Palsy Research.

We have continued our monthly meetings for School Health Service Medical Officers and the Medical Officers of the Maternity and Child Welfare Department. The programme of these meetings has now been entirely recast and we have started a monthly postgraduate meeting for Medical Officers with selected subjects and speakers. We have extended the invitation to attend these lectures to Medical Officers of the Health Department in neighbouring boroughs and counties. These meetings have been very successful and I think they will continue to be an important postgraduate activity for the Medical Officers of the School Health and Maternity and Child Welfare Departments, both in Birmingham and outside the City.

During the year we have held a series of symposia in the Institute, with an invited audience. The subjects of the first two symposia were 'Immunisation and Tuberculosis', and 'Home Accidents in Childhood', and four symposia have been arranged for the 1962-63 session on 'Mental Subnormality' with the following subjects:— 'Biochemistry, Chromosomal Abnormalities, Aetiology, and Early Diagnosis'; 'Mongolism'; 'The Education and Training of Mentally Retarded Children'; 'The Place of the Paediatrician and the Psychiatrist in Mental Subnormality'.

Our research work in the laboratories of the Institute is progressing satisfactorily. Four members of the Institute staff, Dr. June Lloyd, Dr. I. H. Edwards, Dr. Stefanos Pantelakis and Mr. Geoffrey Brown, read papers at the meeting of the British Diabetic Association in Cambridge in September 1962 on various aspects of their diabetic research. The long term study of the effects of an unsaturated fatty acid diet on the control of diabetes in childhood is actively continuing and very promising results are emerging. The work on epilepsy reached a very interesting stage during the year and the research on the influence of television on epileptic seizures, carried out by Dr. Brian Bower, Dr. Peter Jeavons and Dr. Stefanos Pantelakis created great interest, not only in Great Britain but also in America. Dr. Bower delivered a communication on 'Convulsions and Television Viewing' to the American Society for Paediatric Research in Atlantic City in May 1962 and another on 'Pyridoxine and Infantile Spasms with particular reference to a case of leucine-sensitive hypoglycaemia' to the Canadian Paediatric Society in London, Ontario, in June 1962. These workers have also been interested in the chemical aspects of epilepsy, particularly in those types of epilepsy which appear to be induced by pyridoxine deficiencies. Our studies on growth in childhood have continued and Dr. J. H. Edwards and the staff of the laboratory of chromosomal cytology are taking an active part in this important field of enquiry."

PHYSICAL EDUCATION

Report by the Organising Inspectors of Physical Education Miss A. Thorpe and Mr. J. F. McCarthy

"In recent years Physical Education has been more noticeably emerging as a main aspect of the educational programme which, truly and ideally, is concerned with the development of personal and individual interest, skill and maximum potential. The subject is directed, more positively than ever before at persons with their own abilities, aptitudes and aspirations, rather than at people who are required to conform to a predetermined common standard. A great number of influences have contributed to this trend, among them greater interest in the proper use of leisure and a clearer recognition of the rights of the individual in relation to education. But the fact that this trend has not only been continuous throughout recent years, but has actually accelerated in the past two or three years tends to confirm the belief that the wide experience of a great number of games, athletic activities and outdoor pursuits, with later opportunity for developing all or some of these interests, constitutes for boys and girls a much more acceptable and educationally suitable contribution to their general development. The fact too, that so far physical education has escaped

the pressures and directives which are usually the consequence of examinations, has enabled the subject to be dealt with in real conformity with the ideal principles underlying education, and given the teacher the fullest opportunity to exploit his skill and knowledge for the real benefit of his pupils.

During the year 1962, the programmes of Physical Education in Birmingham schools have shown a remarkable variety of interest. Gymnastics and most national games, together with dancing, swimming and athletics, have for a long time made their valuable contribution and we are glad to say that the broadening of the programme so as to include other achievements has not had the sad consequence of a lowering of standards of achievement in these activities. The reverse is the case, standards are higher than ever, and after proper recognition of the teacher's part, much credit may also be paid to the school sports organisations which provide additional interest and incentive and a reasonable form of competition to help in raising the standards of the better performers. Among other activities which have been established in schools are, mountaineering, sailing, archery, canoeing, badminton, judo, camping and expeditions of various types. In all these activities the teaching staff concerned have proved themselves to have expert knowledge; and we have considered it right to include in our programme of teacher's courses opportunities for these teachers, and others, to receive further instruction and to meet and discuss their common interests. The past year has also shown a considerable increase in holiday activities which are related to the wider aspects of Physical Education. Camps and expeditions have been arranged in greater numbers than ever before, and the Committee's store of camping equipment has been in constant demand. We may say that if the present trend in camping continues, it will be quite impossible for us to meet the demands from schools for camping equipment next year. In due course, we therefore propose to make suitable recommendations.

The courses in Outdoor Pursuits for boys and girls held at Ogwen Cottage were again notable for the degree of success achieved. The parties of young people who are selected for these courses are themselves a sufficient testimonial for the continuance of these courses, and there is a demand for places which would warrant an increase in the number of such courses held each year. We regret that so far we have not been able to recommend any variation in the type of course, 'follow-up' courses would be most valuable, and courses with particular emphasis on certain specialised activities would also be helpful. Furthermore, we consider that while at the present time it is right to send boys and girls of good behaviour and with the best school records,

it is nevertheless regrettable that the corrective influences of life in close continual contact with the natural elements has not been brought to bear upon some pupils who would undoubtedly be the better for such an experience. Of the instructional staff at Ogwen Cottage, we cannot speak too highly, they are undoubted experts at their job and they offer us the most generous co-operation in regard to the planning and carrying out of our courses.

In previous reports we have mentioned developments in school gymnasia and physical education apparatus. 1962 has not provided any instances of particular note, new gymnasia are being built steadily, to bring older schools up to modern standards, and we consider that the nature of this provision compares well with gymnasia being built by other Authorities. The same may be said, of course, of the gymnasia which are in new schools.

Playing field shortage continues to be a problem, in this matter facts must be faced, we do not have enough to go round and what is available must be shared as fairly and reasonably as possible. We are glad to report, however, the opening in 1962 of the Committee's first ash running track. This track was specially constructed on the new Sheldon Heath School Playing Field and is capable of meeting the demands of an athletics competition at the highest level. It is a new and valuable asset not only for Sheldon Heath Comprehensive School, but occasionally also for other schools athletic interests in the area.

Swimming activities in schools flourish. More and more children attend classes and consequently many more learn to swim. It would be a happy subject to report upon if we could say that the needs of the schools are being met. Unfortunately, this is not the case. The bath accommodation available in Birmingham is perhaps in the right places to meet the needs of the general public, but it certainly is not in any way convenient for many schools classes. Too much school time is being used in travelling to and from the baths. We have previously examined this matter in some detail and have reported upon it. In the arrangements which we are able to make under present conditions, however, we acknowledge the help and co-operation of the General Manager of the Baths Department, and his Staff.

In conclusion, we have to say that we are satisfied with the progress made in Physical Education in Birmingham schools during 1962. The schools have a tradition of high standards in this subject going back over many, many years and because of this we must sometimes remind ourselves, and others, that advances to yet higher levels become increasingly difficult and much less obvious. Changes are taking place

gradually, but our first concern is always to maintain these standards and to change only for advantage. In this we believe we have the goodwill, certainly we have the co-operation, of the teaching staff of the City".

CAMP SCHOOLS

During the year 1962, a total of 1,177 children visited the three Camp Schools at Bell Heath, Romsley, Bockleton near Tenbury Wells and Stansfeld near Oxford. There were five vacant periods at the Camp Schools, two of which were cancellations of bookings owing to illness of school staff. The other vacancies were caused largely by staffing shortages at the Camp Schools and on four occasions these shortages also resulted in a reduction of the number of children who could be accommodated. During August, as in previous years, a party of German schoolboys from Frankfurt-am-Main were entertained at Stansfeld by a party of Birmingham boys, who will next year be entertained in Frankfurt. At Bockleton during the Summer holidays, the Women's Voluntary Service organised a holiday from 24th July to 3rd August for a group of children in need of a holiday.

The usual arrangements were made for all the children to be medically examined before going to the Camp Schools.

There was very little illness at any of the Camp Schools during the year, apart from one case of German Measles at Bell Heath, and one case of Chicken-pox at Stansfeld both in April. One case of quinsy in March, and one case of impetigo in November at Bockleton. There was one fractured ankle at Stansfeld, and the usual small number of minor accidents.

OUTDOOR PURSUITS COURSES OGWEN COTTAGE SCHOOL

Six courses (two for boys and four for girls) were held at the Ogwen Cottage Mountain School during 1962. All the children attending the courses and the 'reserves' underwent prior medical examination. There were a number of cases of minor illness during the girls' course in March, 1962.

CONVALESCENT TREATMENT

Convalescence is an important aspect of complete treatment and the need for a period of convalescence for children recovering from illness is stressed by paediatricians. Accordingly it is a pleasure to report that the Committee under the scheme was able to send 111 children to convalescent homes. Full payment was not made for all as in several cases contributions were made by a voluntary fund.

NURSERY SCHOOLS AND CLASSES

Number of Nursery Schools 27

Number of Nursery Classes 28

Dr. Lemin reports:—

"A number of visits were paid to nursery schools and nursery classes during 1962. These visits which were undertaken with Mrs. Barrass the deputy superintendent school nurse were in addition to those paid by the school medical officer and the school nurse for the areas in which the school or class was situated. It is felt that these visits are of value in allowing personal discussion on a number of points concerning the welfare of the nursery children as a whole and the individual child who may present a special problem. General policy of care and matters relating to the nursery building itself pertinent to the health and safety and wellbeing of the children is considered and discussed.

The general health of the children has presented a satisfactory picture. The many types of problems which are manifested by the children underline once again the valuable part that these schools and classes are playing in the child life of the city".

THE DODFORD NURSERY CHILDREN'S HOLIDAY FARM

Mrs. M. Mayers, Chairman of the Management Committee has kindly sent the following account of some of the year's activities at the farm:

"The past year has been a busy one for those connected with the Holiday Farm. The death of the founder, Dr. Dorothy Beaumont, in February 1961 has of necessity resulted in many changes. Whereas previously the Committee was a band of willing helpers and a dedicated leader it is now very much a group of individuals each with his or her own particular responsibilities and interests.

In February 1961 a Memorial Fund for Dr. Beaumont was set up. A small wooden carving of a group of children was commissioned as a permanent memorial at Dodford to Dr. Beaumont and this was unveiled in May by the Lady Mayoress of Birmingham before a large gathering of Dr. Beaumont's friends.

Altogether 400 children have this year visited Dodford. This figure is made up as follows :—

RESIDENT GROUPS

Organisation	No. of Children	No. of Adults
6 Nursery Schools	134	32
3 Day Nurseries	43	12
1 Resident Childrens Home	14	4
2 Brownie Packs	21	6
Unaccompanied Children	8	_
Family Groups	14	5

DAY PARTIES

5 Infant Schools	166	19
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The Farm has been occupied for 17 weeks by Nursery Schools, Day Nurseries and Brownies, for 10 weeks by small groups and for one week by Day parties. This means that, taking into consideration the Housekeeper's holiday, the Farm has been unoccupied for approximately 22 weeks of the year. While this period falls mainly in the winter months when the country-side is less attractive to the town-dweller it is nevertheless felt that more use could be made of the Farm by the Family groups were its facilities better known. A start has been made by contacting the Birmingham Children's Department which has sent two children to us for three weeks while their mother was in hospital. During the coming year it is hoped to develop this aspect of the work more fully".

REPORT ON THE WORK OF THE SCHOOL NURSING STAFF

Mrs. A. W. Ashworth, Superintendent School Nurse, reports :—

"The promotion of the health of the school child within his family and school environment continues to keep the staff fully occupied. Liaison with other colleagues in the same field ensures that the best possible use is made of services provided to help both parents and children.

More intensive work is being carried out in the Health Education field in schools and individually by home visiting. This work combined with the improvement in environmental conditions should eliminate many of the old problems leaving more time to deal with individual problems of this modern age.

In-Service Training

All staff taking part in Health teaching attended special courses in the Health Education Section of the Health Department. Senior staff meetings were held regularly during the year to discuss the development of the work and problems arising from changing situations.

Two nurses sponsored by the Education Committee were successful in obtaining the Health Visitors Certificate.

Nurses Surveys

These surveys continue as in previous years according to the needs of the area. All entrants are examined by the School Health Visitor as soon as possible and the necessary liaison established between home and school.

General screening is carried out periodically by the school nurses and from these surveys 4,459 children were referred to Medical Officers and Family Doctors for investigation and treatment of defects.

Vision Surveys

Screening for visual acuity takes place as soon as possible after entry into School beginning in the Nursery School. Whilst in some areas it has been possible to carry out annual testing after the initial test, in others it is still only possible to test every two years.

All known visual defects are followed up according to need. Out of 78,298 children tested during the year:

62,517 had normal vision.

4,840 were referred for observation.

4,278 were referred to medical officers.

5,010 had defects corrected by spectacles.

1,653 were not wearing spectacles at the time of testing.

Follow up and Home Visiting

This important aspect of the nurses work continues to develop. It is only by intensive follow up that satisfactory results can be obtained and continuous care given where necessary.

In the course of nurses follow up visits to school 9,309 children were seen, 1,145 were referred back to medical officers and 2,905 referred for further observation.

Home visiting is an essential feature of follow up work and the following table relates to visits paid for various reasons in 1962.

Reason for Home Visit	1958	1959	1960	1961	1962
All forms of neglect (including verminous conditions) Other environmental con-	1,393	1,782	1,966	1,840	2,150
ditions Behaviour problems	167 120	566 165	656 162	847 197	1,120 218
All medical defects (including the handicapped)	1,940	2,586	3,074	3,216	3,345
No access visits (from all the above categories)	762	1,288	1,489	1,553	1,841
Total	4,382	6,327	7,347	7,653	8,674

Nursery Schools and Classes

There is good co-operation between staffs of schools and nursing staff. Regular care is given and at the initial interview with the Mother before the child is admitted the value of prophylaxis is discussed, also the medical history thus providing a foundation to help in the supervision of the development of the child and establishing a good liaison between home and school.

Health Education

There are now 24 nursing staff taking part, in co-operation with the Health Education Section of the Health Department, in a planned programme of group teaching of Parentcraft and Hygiene in Schools.

Full use has been made of equipment and various aids supplied by the department. Newly qualified staff have had the benefit of advice and help given when necessary.

Health Education has always been an integrated part of the nurses work, individually or in informal groups and much valuable work has been accomplished giving advice about personal problems which may not be brought forward in general discussion.

Apart from the planned syllabus many informal talks have been given on request according to the needs of the groups concerned.

During 1962, many of the staff gave talks to organised groups outside the Service, mainly dealing with their work for the school child. In Primary and Secondary Schools there were 2,504 talks to classes given by nursing staff during the year.

SPECIALIST WORK

Asthma

This clinic is supervised by the School Health Visitor responsible for Asthma follow up.

Part time help is given during clinic sessions by a team consisting of another School Health Visitor and two School Nurses.

There were 258 visits to homes for follow up purposes.

Ear, Nose and Throat Department

Two school nurses are engaged full time in this department which functioned as in previous years, covering all aspects of the work including Audiometric sweep testing in Schools and the follow up resulting from ascertainment of defects found during the surveys.

Visits are paid regularly to the Schools for the Deaf and assistance given at the Audiology Clinic.

Handicapped Children

Comprehensive care in follow up in this field of work is provided by a School Health Visitor assisted by two School Nurses working in liaison with their colleagues in the clinic areas.

All schools within the service, without their own nursing care, are visited regularly for periodic surveys and follow up of treatment necessary.

The Work of the Nursing Assistants

Work in the cleanliness field continues as in previous years. Every possible method is used to try and maintain reasonable standards of hygiene and care.

In addition to their normal duties of the follow up and cleansing of children found verminous, they have assisted the School Nurses by carrying out cleanliness inspections in areas of need, releasing the school nurses for other duties.

Special support by regular supervision, was given to 70 families involving 234 children for varying periods during the year, working in many cases with voluntary agencies to help to improve family care due to parental inefficiency.

Following up verminous conditions resulted in 77,288 re-examinations of children by the nursing assistants.

There has been a further increase in the incidence of Scabies this year, 248 children were treated in the bathing centres".

	INFESTED CHILDREN									
	1957	1958	1959	1960	1961	1962				
Infestation rate	7.4	7.6	8.3	9.3	8.9	9.()				
Number of individual										
children cleansed on										
Statutory cleansing orders	1,989	1.917	2,054	2,596	2,211	2,124				
Total number of Statu-	•,•••	,,	.,	_,	_,_	,				
tory cleansings	3,245	2,710	2,695	2,990	3,094	2,837				
Cleansing demonstration	500	(05	510	F.40	(11	(00				
to Mother Prosecutions under	523	625	510	540	611	608				
Section 54	46	50	75	59	47	59				
Number of families	107	J.,	/ •/	<i>J</i> ,	.,	** *				
involved	34	4()	58	4()	40	30				

PROBLEM FAMILIES

Dr. Lemin reports :-

"The problem of the family out of step with life is much with us. The Chief Medical Officer to the Ministry of Education in his report for 1960-61 says:—

'Although education, health and welfare services for children and their parents are more extensive now than at any time in this country's history, there are still thousands of boys and girls without a good family life. No doubt many of their parents were themselves the products of indifferent homes. The common endeavour of all who have dealt with these children and their parents is to break the circle of parental heedlessness, apathy and ignorance and replace it with the ties of a healthy and happy family life. This is a difficult task but it is an essential part of health education'.

This gets to the very root of the matter, which is parental apathy and heedlessness and unconscious or unrepentent ignorance. Continual work has been carried out by the staff of the School Health Service who together with their colleagues in the other branches strive to bring about improvement in the family conditions in general and for the children in particular. In some cases their efforts have been rewarded but in others unfortunately they have not been so successful but the work is steadfastly continued.

As always, as in previous years, close liaison has been maintained with the Children's Department, the Health Visitors in the district. the N.S.P.C.C., the Family Service Unit and the Education Welfare Officers, so that a satisfactory unification of effort can be arranged

avoiding multiplicity of visitors. As long as these families remain it is urgent that all the work possible should be carried out to improve and support them with all the means at our command, though it is abundantly clear that prosecution as it stands is not the answer".

HEALTH EDUCATION

The Superintendent School Nurse includes in her report the developments in the arrangements through which the School Nurses take an active part in Health Education in the Schools. The Health Education Section of the Health Department is also actively concerned with this work.

In addition the following activities have taken place during the year :—

The School Medical Officers and Nurses have given a number of talks at Parent Teacher Association meetings on "The School Health Service" and "Child Health". These opportunities continue to be welcomed as they afford occasions for reinforcing the impressions made at the periodic medical inspections and for discussing problems with the parents.

Lectures and demonstrations have been given in connection with the training for staffs of Children's Homes, for student health visitors, for teacher's training courses at Westhill College, for teachers taking the Birmingham University course for the certificate in the teaching of educationally subnormal children, for the staff of the Home Nursing Service, to the student nurses at Selly Oak and St. Chad's Hospitals, to teachers attending the one-year course on Handicapped Children at the City of Birmingham Training College, to student health visitor tutors, to the students at the Queen's College, Edgbaston, to visiting students from Training Colleges outside Birmingham, to a member of the Hospital Administrators National Training Scheme, to a party of Greek Cypriot Headmasters, and to a party of German architects and planners.

CHILDREN IN PART-TIME EMPLOYMENT

Dr. Lemin reports :-

"Although there were no children in pantomime presented for examination as such—15 children were seen during the year in respect of theatrical licences; of these 15 no adverse comment can be made.

In respect of children in part-time employment 7,384 children were examined by the School Medical Officers of whom 26 were found to be temporarily or permanently unfit owing to such conditions as a fractured leg, heart conditions, rheumatism, asthma and bronchitis and poor general health. Some of these children were seen again later and their condition had improved and they were passed fit. Although the 26 children may appear to be a very small percentage of the total number of children presenting themselves for examination the fact that they would have been carrying out duties which might have affected them adversely underlines the importance of such examinations being carried out. By these examinations also a proportion of school children between the ages of 13 and 15 pass under review. Thereby a further form of medical follow up is accomplished and defects which might not be obvious and which may not make the child unfit for employment are noted and can be kept under observation".

EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

In accordance with the Ministry of Education Circular 249, school medical officers have examined the candidates for admission to training college and intending teachers, other than those who were examined on the completion of the approved course of training before entering the teaching profession.

45 medical examinations were carried out for other authorities whilst 103 intending teachers for Birmingham were examined in their own areas so that unnecessary travelling might be avoided. During the year 24 candidates were referred either for a specialist opinion and recommendation or for a report from the family practitioner. Before a candidate was referred to a specialist a discussion was held with the practitioner. Fees were paid in respect of two candidates requiring a specialist opinion in accordance with the Committee's scheme.

The following table shows the number of candidates examined. It will be seen that there has been an increase over the years and especially so for 1962, where the greatest increase was shown amongst the intending teachers.

		1960	1961	1962
Training College candidates	 	 338	398	499
Intending Teachers	 	 484	468	770
College of Art students	 	 56	45	43
		871	911	1,312

Arrangements were made during the year to undertake the medical examination of students qualifying as teachers at the School of Music. 13 students have been examined.

WOOD END HALL HOSTEL FOR CANAL BOAT CHILDREN

Dr. Lemin reports :-

"The maximum number of children at the hostel for 1962 was 23 at any one time.

During the year under review the Wood End Hostel was visited at the beginning and end of each term and medical examination was carried out on each child. At this examination any defects requiring treatment and observation were noted. Where treatment was required this was carried out.

5 children found to be in need of refraction had glasses prescribed for them.

A number of children required dental treatment and some were referred for orthodontic treatment.

Seventeen children had remedial sessions arranged for then—for defective posture, for breathing exercises and for other orthopaedic defects.

One child was seen at The Children's Hospital and one child who was seen by Mr. Allan during his visit to the clinic was referred to the Royal Orthopaedic Hospital for further investigation. One boy was admitted to Dudley Road Hospital for tonsillectomy.

Where the children were found to be unsatisfactory in any way, such as a weight loss associated with a poor general condition, an arrangement was made to see them again at half term. It was found in all cases that these children had improved at the second examination.

The incidence of illness during the year was relatively light. There were seven cases of measles, four cases of chickenpox, one case of bronchitis and two cases of enteritis.

I would like to thank Dr. Goldman for his care of the children during any illness. Following his retiring from practice in the district Dr.'s D. and A. M. Blair were good enough to undertake to look after any hostel children who were ill and thanks are due also to them for their kindly help.

As has been noted on previous occasions the children at the hostel have become an integrated and corporate family.

The report cannot be concluded without paying tribute to the matron and staff and those who work in the central office for their help and understanding which has gone so far in bringing about the well-being of the children at the hostel".

USE OF RADIOACTIVE SUBSTANCES AND X-RAY EQUIPMENT IN TECHNICAL COLLEGES AND SCHOOLS

Technical Colleges

Administrative Memorandum Number 547 was issued by the Ministry of Education on 29th March 1957, and refers to the use of radioactive substances x ray and gamma-rays in Technical Colleges. Detailed Notes for Guidance were drawn up by the Radioactive Substances Educational Panel and were issued with this administrative memorandum.

In 1960 with increased appreciation of the requirements in this field and constant progress in outlook, the original Notes for Guidance were replaced by new notes, referring to (a) the use of Unsealed Radioactive Substances and (b) the use of x rays and Sealed Radioactive Substances.

An important feature of these new notes concerns the association of the Medical Officer of Health with the Technical Colleges and outlines his responsibilities.

Schools

Administrative memorandum Number 577 dated 24th October 1958, referred to the use of radioactive substances and x ray equipment in the schools. This was issued to the schools in November 1958. During 1962 Heads of Schools were reminded of this memorandum and special attention was drawn to salient paragraphs.

Where special demonstrations are carried out the Medical Officer of Health is consulted.

ULTRA VIOLET LIGHT APPARATUS

The firm of scientific instrument engineers who are responsible for the maintenance of the ultra violet ray apparatus in the various school clinics in the city reported on the apparatus. The Authority was assured that the apparatus which this firm service is also checked and tested to conform to the Ministry of Health Circular for Hospitals Number 60/49 in the safety of electrical apparatus.

Furthermore there was the assurance that the apparatus does not attain anywhere near the operative level of five kilovolts so that there is no problem of radiation hazard.

CO-OPERATION AND ACKNOWLEDGEMENTS

It is a pleasure to acknowledge the material help which the teachers give to the School Health Service. The relationship continues to be cordial and ready assistance is given, sometimes in spite of difficulties over accommodation in the school. The aid which the teaching and School Health Service staff can give to each other and so to the pupils is fully recognised.

The Committee's Inspectorate and Advisers have also shown their general interest and have given valuable advice in particular cases.

To doctors at the hospitals and in general practice this opportunity is taken of expressing appreciation for their very material help in supplying reports and for discussing special points over the telephone in the midst of their busy activities and to the Secretary of the Local Medical Committee for the interest and consideration he has shown.

Acknowledgement is also made of the willing help and cooperation given by the following who are now connected in various ways with the work of the School Health Service: the Senior Administrative Medical Officer of the Regional Hospital Board, and his medical assistants; the Secretary of the Board; the Secretary of the United Hospital Board and the Clerk of the Local Executive Council.

In many ways the Education Welfare and School Attendance Officers give material assistance to the School Health Service, and special mention may be made of their help in following up some cases and in providing information from their wide range of activities.

It is a pleasure to mention the help which the Almoners of the hospitals, the Children's Officer and his staff, and the Probation Officers render to many children.

Appreciation is expressed to the local press for the helpful and sympathetic presentation of school health topics.

To the Organisers and Inspectors of the National Society for the Prevention of Cruelty to Children, a special word of praise is due for their warm co-operation over difficult cases which call for both tact and zeal.

Appreciation is expressed to Pearson's Fresh Air Fund, to the Women's Voluntary Service and the Family Service Unit, for their help in providing outings and holidays for Birmingham children.

The Birmingham Mail Christmas Tree Fund once again made generous gifts for Christmas Parties at Special Schools and Special Training Centres.

HANDICAPPED PUPILS

West Midlands Advisory Council on Special Educational Treatment

A meeting of the Committee was held on 5th December 1962.

In a discussion on the training of staff for Child Guidance Clinics it was noted that the number of psychiatric social workers was increasing very slowly. There was an urgent need for more child psychiatrists also.

Some concern was expressed about the difficulty of finding places for partially-sighted children who are also educationally subnormal.

The after-care of handicapped pupils was discussed and it was decided to await the report of the Working Party set up by the British Council for Rehabilitation to consider arrangements for the after-care of handicapped pupils before any action is taken.

The shortage of places for maladjusted children suggested there may be a case for extra regional provision.

Schools for Delicate Children

A great deal of thought is being given to the provision made for children classified as "Delicate". Dr. Kemp discusses the subject in his report and some further observations may usefully be added.

It will be recalled that the earliest open-air school for delicate children was established in this country in 1907. In Birmingham, the first open-air school, Uffculme, was started in 1911. In these schools the treatment was not concerned so much with education as with the provision of facilities for restoring the children to robust health. In general, the special treatment relied mainly on good food, fresh air, exercise and rest. Cases for which education under openair conditions was considered particularly suitable were as follows:—

- (a) Children suffering from malnutrition, anaemia and the aftereffects of rickets.
- (b) Children convalescent from debilitating diseases such as measles, whooping cough, pneumonia, etc.
- (c) Delicate and nervous children. ("Nervous" would appear to approximate to the modern terms "emotionally disturbed" and "maladjusted").
- (d) Mild cases of tuberculosis glands in the neck.
- (e) Cases of chronic bronchial catarrh and quiescent pulmonary tuberculosis.
- (f) Children suffering from non-contagious external eye diseases such as blepharitis when associated with malnutrition.

The purpose of "open-air" education was to stimulate the metabolism by the provision of the "well-ventilated" classrooms with which all are familiar. In addition to the open-air life and good feeding, a third factor of importance was the insistence on an hour's rest period after the mid-day meal. Attention to personal hygiene, and the provison of active out-door pursuits such as gardening, nature-study and games, helped to restore the children to normal health. The length of stay at the school was adjusted to meet the needs of the individual child and varied from six months to two years—occasionally it was longer.

The substantial improvement in child care, in social conditions and in medical skill in the past few decades has reduced the number of children suffering from debility and *under*-nutrition, but these have been replaced by others with respiratory conditions such as asthma, bronchitis and bronchiectasis and a group of "stress" conditions has manifested itself—viz., school refusal, mild maladjustments, social handicaps, family and environmental difficulties. If not handled properly these will become severe and are likely to present themselves ultimately on the level of frank physical symptoms.

Good ventilation with warmth indoors, and an active out-ofdoor life are now recognised as being preferable to the exposure to the elements at one time advocated as an essential part of the school regime, and attempts have been made to make the buildings weather-proof. Except in a few selected cases, provision of breakfast in day schools is no longer considered necessary nor is it desirable for the children to "rest" after lunch except where this is especially prescribed by the School Medical Officer.

Dr. Kemp mentions the referring agencies. Many of the children recommended for admission are brought to the notice of the Medical Officer because of repeated or long term absence, from school, or "school refusal". Some are "discovered" during ascertainment for possible Educational Subnormality having been reported as making no (or very little) educational progress; a few are referred from the Child Guidance Clinics. The majority of the children, whatever the reason for their admission, are, in addition, severely retarded educationally indeed many can be described as "non-starters" in the educational field although intelligence ranges from E.S.N. level to "very superior". It is difficult in many cases to assess whether educational retardation is the cause or the result of the physical and/or emotional manifestations, but there is no doubt whatsoever that improvement in educational attainment, emotional stability and improved health are interrelated. Even in the early days of schools for delicate children it was apparent that as health improved, almost invariably there was an acceleration of educational achievement although the converse was never even considered. Psychosomatic illness was unheard of at that time!

To-day educationalists are convinced of the need to deal with the child as a "whole" person and of the impossibility of treating successfully any symptom in isolation. Treatment must therefore be concerned with the intellectual, emotional, physical, social environmental and spiritual well-being of each child and this can be achieved only be means of closest co-operation and collaboration of the staff— educational and medical—working harmoniously together and with the parents.

Throughout this period of transition from the schools for delicate children of yester-year to those of the present time with the change of emphasis from "open-air" to "school" it has not always been possible to adapt the former accommodation of the schools to meet the new requirements. The children present to their teachers complex problems which require great insight and understanding and a knowledge of individual differences in children as well as specialised techniques of teaching, which can only be dealt with satisfactorily on an individual basis. The children themselves require to be participants in educational projects and activities which require space and room for movement and which can only be conducted in small groups.

BIRMINGHAM CHILDREN ON REGISTERS OF SPECIAL SCHOOLS MAINTAINED BY THE AUTHORITY AS AT DECEMBER, 1962.

Educationally Sub-No	rmal	Chi	ldren				
Residential :							
St. Francis Boys and	Girls						103
Springfield House G							56
Astley Hall Boys and							49
Day:							
The Collingwood So	enior G	irls, Ju	mior M	lixed			179
The Amblecote Seni							144
The Queensbury Sei							144
The Hamilton Senio	r Boys,	Junio	r Mixe	d			119
Hallmoor Senior Mi							135
Hallmoor Junior Mi							57
The Dame Ellen Pin					ixed		114
The Calthorpe Senio	or Boys	, Junic	or Mixe	ed	• •	• •	150
Deaf and Partially Ho	earing	g Ch	ildrer	ı—Da	y Sc	hools	
The Braidwood Sch	ool for	the D	eaf Mi	ved			83
The Longwill Schoo			_	_	• •		94
Partially Sighted Chil	School	for P.	S. Chile	dren, N			41
The Priestley Smith	School	for P.	S. Chil	ldren, l	Mixed	• •	44
Delicate Children							
Residential Open-Air Scho	ols:						
Cropwood Girls							79
							99
Haseley Hall Junior							38
Skilts Mixed							45
Day Open-Air Schools :							
Marsh Hill, Mixed							154
Uffculme, Mixed							137
<u> </u>							
Physically Handicapp	ed Cl	nildro	en '				
Residential :					•		
Baskerville, Mixed							34
Day:							
The Wilson Stuart,	Mixed						147
The Victoria, Mixed							127

Hospital Special Schools					
Orthopaedic :					
Forelands, Bromsgrove, Mixed Woodlands, Northfield, Mixed	ł				7 23
Accident Childrens					10 15
Childrens Dudley Road					34
Sanatorium:	•	• •			
Yardley Green, Little Bromwie	ch, Mixed				39
Handicapped Pupils (Maladj	insted)	Room	dod	in Ho	etale
Maintained by the Educa				111 110:	51615
			itee		10
Wake Green Hostel		• •	• •	• •	12
TYTE A DISTRICT OF	TITLE TO IO	TENT	A OCION	CAIDIAI	0
EXTRA DISTRICT C					
BIRMINGHAM SCHOOL	S AS A	T D.	ECE	MBER,	1962
Educationally Sub-Normal C	hildren				
St. Francis Residential School					93
Springfield Residential School					2
The Queensbury Day School The Amblecote Day School	• •		• •		12 10
Dame Ellen Pinsent Day School					11
Hallmoor Junior School		• •			4
Hallmoor Senior School					2
The Collingwood School					1
The Calthorpe					1
Hamilton					1
Deaf and Partially Hearing (Children				
The Braidwood School for the					76
The Longwill Day School for the			• •	• •	21
The Longwin Day School for t	ine izeai	• •		* *	
Partially Sighted Children					
The George Auden School for	P.S. Childs	ren			8
Priestley Smith School for P.S.					20
Delicate Children					
Cropwood Residential					1
Haseley Hall					1
					1
Uffculme Day		• •	• •	• •	5
Physically Handicapped Child	dren				
Baskerville Residential P.H. Sc					9
The Wilson Stuart Day P.H. S				• •	17
The Victoria Day P.H. School					3

Hospital Special Schools

Orthopaedic :						
Woodlands	٠٠,			 	 	12
Forelands				 	 	17
Dudley Road				 	 	4
Childrens		٠,٠		 	 	14
Accident				 	 	11
Sanatorium:						
Yardley Green	, Little	e Bron	nwich	 	 	4

RESULTS OF SPECIAL EXAMINATIONS—1962

Results of examinations during the year of children with a view to their receiving or continuing to receive special educational treatment.

Number of children seen			1,320
Recommended for Day (E.S.N.) School			231
Recommended for Residential (E.S.N.) School			81
Recommended for Residential Open-Air School			164
Recommended for Day Open-Air School			126
Recommended for Residential (P.H.) Special School			9
Recommended for Day (P.H.) Special School			51
Recommended for Residential School for Epileptics			15
No action			56
To stay in Special School			89
For trial in Ordinary School			37
To stay in Ordinary School			172
To leave Special (E.S.N.) Schools in order to take up er			27
To leave Open-Air Schools in order to take up empl			15
Decision deferred			105
To be excluded from School temporarily		• •	7
Recommended for exclusion under Section 57(4) of the			
Act, 1944			76
Recommended for Home Teaching			12
Recommended for Carlson House School for Spastic			11
Recommended for Ordinary Schools			27
recommended for Ordinally Schools	• •		La I

Number of children reported to the Local Health Authority in 1962.

Under Section 57(4) of the Education Act, 1944 ... 82

The following report made to the Ministry of Education relating to handicapped pupils in the calendar year ended December, 1962, also gives valuable information.

		ind irtially glited		eaf irtially earing	сар	Ĥandi-	(8) Ea tion	Mal- isted luca- ially Vorinal	(9) Epi- leptic	(10) Speech Defects	(11) Total (1)(10)
In the calendar year ended 31st Dec., 1962 A.Handicapped Pupils newly placed in Special Schools or Boarding Homes B.Handicapped Pupils newly ascertained as needing education at Special Schools or in Boarding	(1)	18	4	20	70	227	(7)	(8)	(9)	(10)	671
Homes	4	23	4	20	70	304	42	287	12	1	767

LIST OF BIRMINGHAM CHILDREN IN SPECIAL SCHOOLS NOT MAINTAINED BY THE EDUCATION COMMITTEE AS AT 1st DECEMBER, 1962

Blind and Partially Sighted Pupils Birmingham Royal Institution for the Blind:

Diffing and I coyal distriction for the Diffice.	
Residential	 18
	 3
Exhall Grange School, Coventry	 3
National Institute for the Blind, Chorley Wood	 2
National Institute for the Blind, Learnington Spa	 2
National Institute for the Blind, Rushton Hall	 1
Sunshine Home, Overley Hall	 2
St. Vincents Catholic School for the Blind, Liverpool	 5
Royal Normal College for Blind, Rowton Castle, Salop	 5
Worcester College for Blind	 1
Royal School of Industry for Blind	1
Educationally Sub-Normal Blind Pupils	
*	2
Condover Hall	 2
Deaf and Partially Hearing Pupils	
Needwood, Staffs	 1
Birmingham Royal School for the Deaf	
Mary Hare Grammar School for the Deaf	

Bridge House School for Deaf C					S	3
Royal School for Deaf, Margate				• •	• •	2
Royal School for Deaf, Derby		• •	• •	• •		1
Belmont Hospital	• •	• •	• •	• •	• •	1
Epileptic Pupils						
						24
Lingfield Epileptic School, Surre		• •	• •	• •	• •	31
Colthurst House, Cheshire	• •	• •	• •	• •	• •	1
Physically Handicapped Pu	pils					
Tudor Grange School, Solihull	_					1
Hinwick Hall School for Cripple						3
Halliwick Cripples School, Wind						2
National Children's Homes, Penl						3
Victoria Home, Bournemouth S						1
"Thieves Wood" School, Mansf						1
Dame Hannah Rogers						1
Dr. Barnardos, Bruce Porter						1
Dr. Barnardos, Ian Tetley						1
Dr. Barnardos, Spring Hill						1
7 1 3						
Spastic Pupils						
^						48
Carlson House		• •	• •	• •	• •	1
National Spastics Society, Irton F		• •	• •		• •	3
Hawkesworth Hall		• •	• •	• •	• •	1
Thomas De-la-Rue	• •	• •	• •	• •	• •	1
Educationally Sub-Normal	Pupi	ls				
Besford Court, Worcester						6
Pield Heath (All Souls'), Middles						2
Rhydd Court, Worcs						2
Hilton Grange, Old Bramhope, I						1
5,						
Pupils with Speech Defects	;					
Moor House School, Oxted, Sur	rey					5
Diabetic Homes						
Palingswick House Home						1
Children's Society Home, Deal		• •	• •	• •	• •	1
Candren's Society Home, Dear	• •	• •	• •	• •	• •	•
Maladjusted Pupils						
	1					12
Bodenham Manor School, Heref		• •	• •	• •	• •	13
Shenstone Lodge, West Bromwi		• •	• •	• •		11
		17		• •	• •	3
Red Hill School, East Sutton, M				• •	• •	1
Hillaway Homes for Children, D			• •	• •	• •	14
Swalcliffe Park, Banbury, Oxfor					• •	2
Chaigeley School, Thelwall, Wa	_				• •	1
Wennington School, Wetherby,				• •	• •	2
Breckenbrough School, Thirsk,			1	• •		3
St. Anne's R.C. School, Portobe	Ilo Ro	ad, Lo	ndon			2

Hospital Special Schools

Orthopaedic:			
Marlborough, Mixed	 	 	 5
Warwickshire Orthopaedic	 	 	 41
Sanatorium:			
St. Cuthbert's	 	 	 30

Handicapped Pupils Attending Independent Schools Assisted by the Education Committee under Section 9(1) of the Education Act, 1944

r1 C 11 c 1 11 (A4 1 11 1)			6
Elinfield, Stourbridge (Maladjusted)	• •	• •	0
St. Thomas More's College, Devon (Maladjusted)		• •	4
Dartington Hall School, Totnes, Devon (Maladjusted)			1
Salesian School, Longhope, Glos. (Maladjusted)			4
Sacred Heart College, Droitwich (Maladjusted)			1
Burcot Grange School, Sutton Coldfield (Delicate)			1
Millfield School, Somerset (Maladjusted)			1
Salmons Cross School, Surrey (Maladjusted)			1
Lilliput, Moreton-in-Marsh (Maladjusted)			1
Annecy Convent, Seaford (Educationally Sub-Normal)		1
Heathercombe Brake, Devon (Maladjusted)			1
Blackfriars School, Llanarth (Delicate)			1
Uppingham, Rutland (Delicate)			1
Bromsgrove School (Delicate)			1
King Edwards School, Witley, Surrey (Delicate)			1
Bedstone, Salop (Delicate)			1
Wynstones, Gloucestershire (Delicate)		• •	1
Dedisham Nursery, Sussex (Delicate)			1
Convent of Holy Child Jesus (Delicate)			1
Camphill Rudolf Steiner, Aberdeen (Maladjusted)			2
St. Josephs, R.C., London (Maladjusted)			3
St. Peters, Yorks. (Maladjusted)			1
			1
Farney Close (Educationally Sub-Normal)	• •		1
Derwen Training College (Physically Handicapped)	• •		1
Sibford, Oxon (Maladjusted)		0 0	I

THE SCHOOLS FOR THE PARTIALLY SIGHTED

Mr. Mark Tree reports :-

"In my annual review of the children of these two schools I have been concerned with their visual progress. In cases where no degenerative complications are present, and the family history is satisfactory, and where adequate improvement has occurred, the possibility of normal schooling is considered.

In this manner during the past year five pupils have been transferred to normal schools. The psychological effect of such transfer on the older pupils and their parents is heartening. Nevertheless, the proportion of cases in which this can be done is very limited.

Cases with multiple defects constitute a considerable proportion of the pupils of partially sighted schools together with cases of nystagmus and congenital cataracts. Such children need considerable individual attention and for them our two schools are invaluable. With modern methods the number of cases of retro-lental fibroplasia have declined but children with cataracts due to German Measles in the mother still occur. I believe it should be possible to organise the collection of antiserum from convalescent cases of Rubella at infectious disease units, such as that at the Little Bromwich Hospital. This would augment the supply of Gamma Globulin available for the mothers who have been in contact with cases of German Measles and prevent the occurrence of serious defects in their unborn children.

I append as usual statistics of our two schools, for the details of which I am indebted to the two heads, Miss Cox and Mr. Challacombe. I have also classified the pupils in groups indicating the major disabilities which have placed them in the partially sighted category.

Total number of pupils in the 2 schools = 110 consisting of 68 boys and 42 girls.

New admissions—18 pupils.

Transferred to normal schools		 	 5 pupils
			2 ,,
Left school to commence work			• •
Emigrated	٠	 	 1 pupil
Excluded as unsuitable		 	 1 ,,

16 High Myopes consisting of 10 boys and 6 girls.

- (a) 8 are Familial cases(b) 4 with Convergent Squints (c) 1 with marked Astigmatism
- (d) 1 with Retinal degenerative changes
- (e) 1 with Retinal Detachment
- (f) 2 with Nystagmus
- (g) 1 with Multiple Defects

54 Nystaguus Cases consisting of 32 boys and 22 girls.

- (a) 13 with Albinism
- (b) 19 with Congenital Cataracts
- (c) 13 with Squints
- (d) 1 with Bilateral Optic Atrophy
- (e) 1 with Congenital Hemiplegia

30 Cases of Congenital Cataract consisting of 17 boys and 13 girls.

- (a) 13 are Familial Cataracts of which:
 - (i) 6 had Nystagmus
 - (ii) 1 had Retinal Detachment after Needling
- (b) 17 Sporadic cases of which:
 - (i) 12 had Nystagmus
 - (ii) In 5 cases the mother had German Measles in pregnancy

5 Cases of Bilateral Ectopia Lentis 3 boys and 2 girls.

of which

(a) 3 are Familial and of these, 2 are sisters with Marfan's Syndrome

(b) 1 boy with Ectopia Pupillae

- 2 Cases of High Hypermetropia—both boys.
- 2 Cases of Bilateral Buphthalmos—both girls.
- 39 Cases of Syndromes and Multiple Defects.

(a) 2 Marfan's Syndrome—2 sisters

(b) 3 Congenital Toxoplasmosis—3 boys

(c) 2 Retro-lental Fibroplasia

(i) 1 girl with Nystagmus and Left Hemiplegia

(ii) 1 boy with Myopia

(d) 12 Bilateral Optic Atrophy

(i) 1 with Leber's disease

(ii) 3 with Epilepsy

(iii) 1 with Mental Retardation

(iv) 1 with Cerebro-macular Degeneration

(v) 2 with high Myopia

(vi) 3 with Nystagmus of which I had Hirschsprung's disease

(vii) 1 with Acrocephaly

(e) 5 with defects associated with Maternal German Measles

5 cases with Congenital Cataracts and Nystagmus of which 2 had additional congenital heart disease, and 1 of these has had an operation for 'hole-in-the-heart' defect.

(f) 1 Laurence-Moon Syndrome—1 boy
 (g) 3 of Retinitis Pigmentosa—2 typical and 1 atypical

(h) 1 of Galactosaemia with Lamellar Cataract and Myopia

(i) 1 of Bilateral Macular Degeneration

2 of Congenital Amblyopia with Hypermetropia

4 of Microphthalmos and Microcorneae with additional defects (i) 1 with Bilateral Microphthalmos, Aniridia and Nystagmus

(ii) 1 with Bilateral Microphthalmos, persistent Hyaloid remains and Nystagmus

(iii) 1 with Bilateral Microphthelmos, Inferior Uveal Colobomata, Squint, Nystagmus and Dextro-cardia and had operation for Imperforate Anus (the mother had Toxaemia)

(iv) 1 with Bilateral Microcorneae, Inferior Uveal Colobomata and

Nystagmus

(1) 1 with Bilateral Irido Cyclitis, extensive Posterior Synechiae and left Convergence

(m) 1 with high Myopia, Deafness and Defective Speech

(n) 1 with Aniridia, Myopia and Nystagmus

School for the Partially Sighted

Miss L. Cox, Headmistress of the Priestley Smith School reports :-

"The Priestley Smith School for Partially Sighted Children opened in September, 1957, just one year after the Braidwood Special School for Deaf, and the Wilson Stuart School for Physically Handicapped moved to new buildings on the same site. We have thus completed six school years in our beautiful new buildings, and I am happy to accept Dr. Cohen's invitation to report on them. But first—a note on the name of the school.

Professor Joseph Priestley Smith was an eminent ophthalmological surgeon, Professor Emeritus at our own University of Birmingham, of whom a colleague in a public tribute said 'apart from his researches in Strabismus and Glaucoma, which made his name universally known , his masterly attention to detail, his mechanical perfection and his wonderful powers of logical deduction had stamped him as a man of the greatest distinction'. Truly, qualities which we would all do well to emulate.

His son, Mr. David Priestley Smith, himself an eminent ophthalmic surgeon, was present at the official opening and intended to visit the school in action, but unfortunately died before he was able to do so. We would like to extend an invitation to other members of the family who may be interested.

Our school was the first Day Special School to be designed specifically for the education of these children who are all handicapped by defects of vision, but are deemed able to learn by methods involving use of sight. We have some children with dual or multiple handicaps too—as do most special schools.

Control of lighting, daylight and artificial with a standard of 35 lumens at desk level was requested, and we are grateful for the persistence of officials of the local authority in obtaining the Lumenated Ceilings which are standard in all the classrooms. Each classroom has a ceiling cavity painted white to reflect the light from closely banked fluorescent tubes downwards through the corrugated plastic diffuser, thus giving a high standard of lighting with a complete absence of glare. Elsewhere, fluorescent tubes with ribbed glass shades are fitted. The hall, which has good lighting by any ordinary standards, is in marked contrast to the classroom lighting, which is unfortunate—especially in the winter months. The large south-facing windows are fitted with venetian blinds, whilst there is a continuous strip of roof lighting along the north walls.

The effect of this lighting on the work of the children has been most marked. They have gained confidence, and accuracy, speed, and ease of work have generally improved. The decor was most carefully chosen to include colours which retain their character in both artificial lighting and daylight. In the main, egg shell paint was used, and this too has contributed to the 'visual comfort' of the building.

We chose the well tried Lingam pattern desks, designed for the Partially Sighted, which, although not ideal, are essentially practical and sturdy. It is not generally realised how accident prone are the partially sighted—leading to expensive replacements—nor is it realised how much room they need. Although a classroom of 480 square feet for 15 children would seem in the abstract to be generous, it is not large enough for all the activities one would wish to pursue. Storage of large illustrations and apparatus is also a major problem.

The most useful pieces of special equipment provided are the I.B.M. Electric Executive typewriter (12pt. Bold) which gives a result comparable with print, and an efficient duplicator to reproduce the type script.

The building has naturally attracted considerable attention and we hope that the majority of upwards of 1,500 visitors have become interested in the children and the way they cope with their severe handicap. Our visitors have included Sir Edward Boyle, when Parliamentary Secretary, Sir William Alexander, members of a sub-committee of the Medical Research Council and the Building Research Board Joint Committee on Lighting and Vision, H.M.I.'s, teachers in training, Medical Students, Health Visitors, Overseas Visitors, and former pupils. It will be seen that Visitors, although very welcome, are also a problem: this is true of almost all special schools.

Mr. Tree, to whom we are most grateful for his interest and cooperation, has reported on the eye defects of the children in both schools for the Partially Sighted and also on the provision of special telescopic spectacles. The care with which the children are selected for these, ensures that they fill a very real need. I am grateful to Mr. Challacombe for providing photographs.

I would draw attention here to the varying nature of these eye defects, a wide range of which can be found in any of my classes. Add to this the whole gamut of intelligence from the ascertained educationally subnormal to the near brilliant—coupled with an age range of approximately $2\frac{1}{2}$ years in each class and it will be seen that the class teacher needs to become a specialist, and also why we believe that the Ministry's maximum of fifteen should be reduced.

Of course, by the time the Senior classes are reached, the range of intelligence and even, to some extent, of eye defects is reduced by transfers to ordinary, blind or grammar schools. We welcome the developing grammar school stream at Exhall Grange, Coventry, and hope to send more children than the two at present in residence. Two former pupils are at Chorley Wood, Herts., and others have been to Rowten Castle, and one boy completed his education at Worcester College for the Blind.



Lingam Pattern Myope Desk



Binocular Telescopic Magnifiers

The traditional school play is still a high light of the school year, and gives a welcome opportunity to meet old scholars who are not able to visit at other times. One old boy, who has congenital cataracts, is a professional photographer, and using a miniature camera produced some really first class slides from 1963 production of the Adventures of Tom Sawyer. A surprising choice of occupation and a truly remarkable example of dogged persistence—although by no means the only one to surprise and delight us.

In July, 1962, the school closed early in order that the whole teaching staff might join the Ministry Course for teachers of the Partially Sighted and on the 13th the members of the course visited the school. My most grateful thanks are due to Mrs. Tippetts who worked so hard to see that during our absence all was prepared for this memorable occasion.

It is not possible to record adequately our thanks to all the people who help us, but we are grateful to Dr. Kemp and Nurse Glenn, the staff of the Centre Block and our visiting teacher of dancing.

I am most appreciative of my own staff for their hard work and unfailing loyalty to me and to the children; to the parents for their co-operation and to the children themselves, bless them, for their courage and perseverance.

To the members of the Special Services Committee and officials of the Birmingham Authority we say simply 'Thank you'.

To the George Auden School, about to move to new buildings, we wish every success and happiness.

I congratulate my deputy on his 'elevation' and to both departing members of staff we give our best wishes and bid welcome to their successors. May they open our eyes afresh to the problems of the partially sighted, so that we may go forward with renewed vigour and vision".

BASKERVILLE SCHOOL

Dr. Cary Smallwood sends the following observations:-

"The small numbers of rheumatic children now at Baskerville reflect the low incidence of juvenile rheumatism in the Midlands and the mildness of the disease.

The great value of regular oral penicillin V in the prevention of streptococcal infection and rheumatic relapse is clearly evident in the school".

MEDICAL SUPERVISION OF SPECIAL SCHOOLS

Dr. P. R. Kemp, Assistant Senior School Medical Officer reports :—

"An aspect of the work of ascertainment of handicapped children which has gradually become more manifest is the increase in the number of multiple handicaps to be dealt with. This involves, of course, the necessity to decide which is the major of these handicaps and in what school, if any, the child is most likely to succeed; relevant to this, it is helpful that the examiner should have an intimate knowledge of the schools concerned and the varying human factors which will affect the child therein. Decisions which have to be taken are best arrived at through the work of a team, experienced and knowledgeable in their chosen spheres, whose object is the attainment of the maximum benefit for the child in question. The decision may be that the child should have a trial in one or other special school. If this is so, it is important that the period of the trial should be indicated; in many instances, six months under observation in the school setting should enable definite conclusions to be formed. If the ultimate finding is that the child is unsuitable for school, then the parent must be informed in the most tactful and sympathetic way possible, and not left unaware of the fact that the question of educability can be reconsidered at twelve-monthly intervals, and that there is always a ahope—even though sometimes a faint one of another trial in school.

It has been clear to experienced examiners for many years that scattered among the ranks of the so-called 'severely subnormal' children are to be found certain of them who are odd, remote, and not easily approachable at any level; one has a strange impression that there may be more to them than appears, but one feels rather helpless about it. Improvements in diagnosis have enabled one to determine the presence of autism, and accordingly to be faced with the problem of treatment of a psychotic child. Facilities for the treatment and the education of such children are woefully inadequate, and it is greatly to be hoped that improvements may be brought about in this direction before too long. Also, in the case of the severely subnormal children who cannot properly be cared for at home and who, in fact, may be causing the greatest stresses therein, who certainly cannot go to any form of school, and who may be unfit even for the admirable day training centres which exist, the shortage of places in hospitals for this speciality is a very grave one and should be remedied as an urgent measure.

Turning to the children who can be described as handicapped, but who are capable of education, it is perhaps unnecessary to call attention to the excellent work which has been and is carried out in the

day and residential schools for the educationally subnormal. Many children who have been unhappy misfits and even possibly outcasts in ordinary schools learn self-respect, pride in their newly acquired achievements, and ultimately, in a great proportion of cases, satisfactory employment after leaving school. Admission to E.S.N. schools must be carefully screened, and medical supervision of such admissions is essential. There must be consideration of the Intelligence Quotient as one factor in the reaction of the child to his environment, and vision, hearing, and general physical condition must be diligently studied; there must be awareness of the home background and possible psychological traumata which may be affecting our patient in his application to his lessons, his relationship to his teachers, and his behaviour at interviews. Only then can there be reasonable hope that error has been excluded.

Open Air Schools

The term 'open-air school' has a certain archaic ring about it these days but semantic associations with the past must not in any way obscure or diminish appreciation of the value and the necessity for the continued existence of these schools, call them what we will. It is difficult to know how we could face the manifold paediatric and social problems with which we have to deal if there were 110 such schools. The fact that in recent years there has been a change of emphasis from the frankly physical to the more subtle expressions of ill health has perhaps caused a little misunderstanding in some quarters, but to those of us who have been immersed in this work for many years, it merely appears as a reflection of modern trends in medicine and social development and this indeed it is. Ill health is not a matter of body alone; it involves mind and spirit also, and as the newer drugs and efficient measures of physical treatment remove some of the older handicaps and ameliorate others, underlying disturbances of well-being tend to reveal themselves in other ways. They may express themselves in definite physical symptoms or they may show in the child's failure to attend school regularly or to make satisfactory progress there in spite of adequate intelligence. In their way, these children suffer just as severely as their predecessors did in the days of the more obvious handicaps. Our thanks are due to the teachers in these schools who co-operate with such understanding and patience, and to the School Nurses who, by their skilled observation and care, and by knowledge of the homes and understanding of the parents' problems, help the children and us so much. Both in day and in residential open-air schools most encouraging results are obtained and many problems are solved, to the benefit of the children and often to that of the parents also. As is inevitable, some failures occur. Some parents tend to weaken and become unduly sentimental when a child who is feeling homesick in a boarding school wants to return home.

This feeling of homesickness is often merely a transient one, and the most helpful parent is the one who supports us in keeping the child until the handicap which necessitated admission to a boarding school has been sufficiently resolved or eliminated as to justify discharge. The choice which has to be made by the examiner in the first place between day and residential school is not an easy one. There are some clear-cut cases, of course—for example in the delicate child from the home which has been broken by death or separation—here a residential school does seem essential, but in other cases one has to consider other factors. While in some sections of society the boarding school may be a family tradition or status symbol, there are considerable sections in which it is no such thing. In these sections it it the symbol of parental rejection, summarised in relation to the child by the phrase 'having him put away'. It is wrong to attempt to force a child into a boarding school against the real wishes of the parents. A child does not flourish when he is made to feel resentful at being torn from his home background. In fact he is likely to abscond, sometimes repeatedly. It is a mistake to believe that a residential open-air school is necessarily essential in certain conditions of ill health; very good results can be obtained in very carefully chosen cases in day open-air schools. In fact there are situations in which referral to a residential school may be quite the wrong thing to do. If any testimony to the continued value of our open-air schools in general is necessary, it lies in the waiting lists which are long and which are built up by many referrals from the people who best know the value of these therapeutic centres, e.g., the family practitioners, the hospitals of the City, our colleagues the school medical officers, the teachers, the welfare officers and many others.

Schools for the Physically Handicapped

The trend towards the admission of more severely handicapped children than was the case in the past, which has been noted in previous years, continues. Advances in treatment have been responsible for eliminating or greatly improving some of the conditions which in earlier years would have necessitated special education of this sort for the children concerned. Such children are now able to cope with ordinary schools. Those children whose handicap is too severe for considerable amelioration remain, and form a large proportion of the population of the schools for the physically handicapped. This fact puts an added strain on the staffs of these schools, and the task to be tackled by the team of teachers, nurses, physiotherapists and children's helpers is indeed heavy. Their work is entirely admirable; nor must we forget the drivers of the special buses who, with kindness and understanding, do so much to help us with the children.

In addition to the schools mentioned already, the usual visits have been paid to the schools for the deaf, schools for the partially sighted and the day training centres etc. Contact has been maintained with the Supervisor of Home Teaching, and the progress of the children who require this form of education has been discussed at intervals. The work done has been most valuable and many difficult cases have been helped. Regular medical exercises have been given by our Remedial Gymnasts in as many of our special schools as possible during the year and good results obtained. I am grateful for the continued support and the conscientious work done by my colleague Dr. J. B. Mole throughout the year, also to the hospitals of the City and their staffs for their reports on cases which they furnish so readily.

Visits and demonstrations in special schools have been arranged for senior medical students and candidates for the Diploma in Child Health, in co-operation with the Professor of Paediatrics in the University of Birmingham. Lectures have been given to students in the University and Teachers Training College courses for teachers of the educationally subnormal and physically handicapped, to Student Health Visitors and to students in the Home Office course for training in child care".

SPEECH THERAPY IN SPECIAL SCHOOLS

Miss E. S. Sprayson, Senior Speech Therapist, reports :—

"In September 1961 it was necessary, due to shortage of staff, to discontinue regular visits to many Special Schools. From September to December the following day schools were visited regularly:—

Marsh Hill Open Air School

Uffculme Open Air School

The Victoria School for Physically Handicapped Children

The Wilson Stuart School for Physically Handicapped Children.

Other Special Schools were visited on an 'advisory' basis. This, of course, is quite inadequate in the cases where children need the specialized help of the Speech Therapist. It should be pointed out, however, that many of the children would benefit greatly if the staffs of these schools had sufficient time to give the children specific speech and language work throughout the school. It is not for the speech therapist to carry out speech training.

It should be noted that of the 276 receiving individual treatment during the year a big percentage were only seen occasionally from September to December.

SPECIAL SCHOOL STATISTICS

	1962	1961
Number of children receiving individual treatment	276	273
Number of children receiving treatment in class	20	32
Number of children referred for treatment	112	172
Number of children admitted for treatment	94	108
Number of cases where speech therapy was found to be		
unnecessary	31	38
Number of children discharged	78	103
Number of cases on the waiting list	25	38
Number of interviews with parents or guardians	31	24
Number of visitors to Special Schools	8	2
Number of advisory visits to schools	26	2
Number of home visits	1	9

SUMMER HOLIDAYS FOR HANDICAPPED CHILDREN

Four children from schools for the physically handicapped, received financial assistance to enable them to spend two weeks at Holiday Camps at Worthing and St. Leonards-on-Sea, by arrangement with the Invalid Children's Aid Association.

MEDICAL SUPERVISION OF DISABLED PERSONS

Ministry of Labour's Scheme for the Training of Disabled Persons

In accordance with the request by the Principal Medical Officer of the Ministry of Education, the school medical officers keep the students who are being trained under the scheme at a Technical College, under medical supervision.

During the year two women and twenty-five men entered the Technical College and the School Medical Officer kept them under observation in the way suggested.

FURTHER EDUCATION OF HANDICAPPED PUPILS

A number of handicapped pupils who have reached the normal school leaving age, received further education and/or training. One such pupil is being taught boot repairing at the Derwen Cripples Training College, three are receiving further education at the Queen Alexandra Technical College for the Blind, Birmingham, and another is being educated at Worcester College for the Blind.

MARTINEAU HOUSE, BOGNOR REGIS

During 1962, 19 parties, consisting in the main of 24 children from special schools of various types, visited the School for periods of 14 days.

In accordance with established practice, each group was accompanied by teachers from the visiting school who were able to assist the residential teacher in charge.

The School provides a valuable contribution to the physical and educational welfare of the handicapped pupils.

It is a pleasure to acknowledge the attention given by the Matron and the interest shown by the visiting Medical Officer, Dr. D. D. Hay.

HOME AND HOSPITAL TUITION

The Committee provide home tuition for severely handicapped children under Section 56 of the Education Act, 1944. At the end of the year, 132 children were being helped in this way.

In addition, children received tuition at the following hospitals:—

Children's Hospital, Birmingham	 	 	226
Moseley Hall Hospital	 		59
Dudley Road Hospital and Skin Hospital	 	 	44
Accident Hospital	 	 	352
Forelands Hospital, Bromsgrove	 	 	83
Woodlands Hospital	 • •	 	481
Yardley Green Hospital	 	 	146

CEREBRAL PALSY

The arrangements for the ascertainment and care of the children suffering from cerebral palsy, outlined in previous reports, have been continued.

Through the courtesy of the Midland Spastic Association, the following statistics relating to Birmingham children, as at 31st December, 1962, can be given.

Under 5 Years							
Day Cerebral Palsy Scho	ool						16
Normal Nursery School							2
Hospital							0
At Home—outpatient tr	eatme	nt					21
—no treatment							16
							55
5 to 15 Years							
Day Provision:							
Cerebral Palsy School							32
Physically Handicapped							83
Deaf School							6
Open Air School							1
Partially Sighted School							1
E.S.N. School							8
Normal School							81
Home Tuition							2
Junior Training Centre							25
Home Training	• •		• •			• •	4
Residential Provision :							
Cerebral Palsy School							2
Physically Handicapped				• •		• •	3
Open Air School						• •	3
Blind School							1
E.S.N. School							4
Hospital School							4
Mental Institution							23
At Home:							
•							
Educable—awaiting place Ineducable	ement		• •	• •	• •		4
ineducable	• •	• •	• •	• •	• •		19
							306
Over 15 Years							
Still at schools							26
Still at Schools							26

A large proportion of the pupils at the Carlson House Day Cerebral Palsy School are maintained by the Birmingham Education Authority and a School Medical Officer and a School Nurse visit the School regularly. The British Council for the Welfare of Spastics, ever mindful of the problems relating to this handicap held a two-day medical conference on the assessment and management of cerebral palsy in the pre-school child in July in Manchester. The programme was sponsored by the Department of Child Health in the University of Manchester and the Professor of Child Health, Professor Gaisford acted as Chairman. An invitation had been extended to the Senior School Medical Officer to attend, and with the permission of the Committee, he was able to accept.

EMPLOYMENT AND AFTER-CARE OF HANDICAPPED YOUNG PEOPLE

Throughout the period under review officers of the Youth Employment Branch interviewed 345 boys and girls in the city's Special Schools, gave them careers advice and subsequently helped them to find suitable work. A similar service was provided for boys and girls in residential special schools and for those who for various reasons had been receiving home teaching or teaching in hospitals.

In addition to the work amongst school leavers many disabled young people who had left school sought the help and advice of the Youth Employment Branch. In a year of steadily worsening employment opportunities the advising and placing of these young people has involved exceptional difficulty and has taken up a very considerable amount of time but it is pleasing to report that as a consequence of the efforts made on their behalf only a small number of the most severely handicapped remained unemployed for any considerable period. Full use has been made of the facilities of the Industrial Rehabilitation Unit and of the various training courses available to disabled persons. For example, a blind girl has been trained as a telephonist, two deaf girls have attended a course in copy typing and a severely disabled spastic boy is undergoing clerical training.

The number of young persons registered as disabled shows a slight increase on the previous year but this is probably accounted for by the increase in the school leaving population.

Placing disabled young people in employment often involves a very high degree of co-operation between a number of interested workers and agencies and during the year there has been many examples of this co-operation between Youth Employment Officers and doctors, almoners, social workers, employers and voluntary bodies. Without this co-operation little that has been achieved would have been possible.

YOUNG PEOPLE REGISTERED AS DISABLED ON 31.12.62 (1961 Figures in brackets)

Disability	Boys	Girls	Total
Surgical: Amputation of one or both limbs	2 (3)	1 (3)	3 (6)
Injuries, diseases and deformities of trunk or limbs	17 (7)	15 (10)	32 (17)
Spine injuries and diseases (not T.B.)	3 (4)	6 (4)	9 (8)
Tuberculosis—Surgical	- (1)	2 (1)	2 (2)
Medical:			
Arthritis and Rheumatism	- (1)	2 (2)	2 (3)
Diseases of heart and circulatory systems	3 (2)	6 (3)	9 (5)
Diseases of Skin, genito-urinary and respiratory			
system (not T.B.)	3 (2)	6 (3)	9 (5)
Epilepsy	14 (7)	6 (7)	20 (14)
Other Organic Nervous Diseases	15 (8)	12 (14)	27 (22)
Tuberculosis—pulmonary	1 (2)	- (4)	1 (6)
Diseases of digestive system	- (1)	- (-)	- (1)
Psychiatric:			
Imperfect development of the mind	5 (3)	4 (3)	9 (6)
Other mental or nervous disorders	1 (-)	3 (1)	4 (1)
Other General Diseases and Injuries			
Defects of eyes and ears	19 (24)	22 (30)	41 (54)
Anaemia, leukaemia, haempohilia, diabetes, etc.	5 (6)	3 (2)	8 (8)
Total	88 (71)	88 (87)	176 (158
		` /	

No. of young people who registered as disabled for the first time during the period 1.1.62—31.12.62—Boys 48 (42); Girls 52 (53); Total—100 (95). (1961 figures in brackets).

SPECIAL SERVICES AFTER-CARE SECTION

In 1962 the After-Care Staff continued to be responsible for the care of former pupils of schools for the educationally subnormal and a few from other special schools. They also visited the homes of all children excluded from school under Section 57(4) of the Education Act, 1944. The section also administered the special training centres for severely subnormal children and for older girls and women. The visiting of the children excluded from school and organising of the training centres are carried on by the Special Services Sub-Committee acting as agents for the Public Health Committee.

Numbers under Supervision

In 1962 a total of 1,463 children and young persons were in care of the After-Care Staff. The number of new cases added in 1962 was 310 made up of 232 school leavers and 78 children excluded from school. As in the last few years a number of young people of 18 years or over were discharged from supervision or passed over to the care of the Health Committee visitors.

Special Training Centres

During 1962 eight Junior Special Training Centres were maintained with 425 places for boys and girls between 5 and 16 years and the Senior Girls Special Training Centre with 100 places for girls and women. Unfortunately there were still waiting lists for both the Junior and Senior Centres.

On the 2nd April 1962, the first new purpose built Training Centre in the City was started:—the Fox Hollies Special Training Centre offering 60 places for juniors. This was officially opened by the Chairman of the Public Health Committee, Alderman Bowen on 9th June, 1962.

During the year—two Junior Special Training Centres spent a week's holiday at Windmill House, Weatheroak, and a party of girls from a Senior Girls' Training Centre went for a week to Rhyl. In addition the usual day outings were held in the summer and parties at Christmas.

Home Training

Training at home was given to 45 boys and girls who were awaiting admission to a Special Training Centre.

Visiting

Visiting of homes was carried on as before by five After-Care Visitors working in their own districts. In every case the visitor attempts to become a friend to the family and not just an official. Every effort is made to make a good contact with the family from the first visit. Close co-operation was maintained with the Health Committee's visitors as in the past; and considerable help was made available to the After-Care Staff by social workers and officials in the City—both from voluntary and statutory bodies.

MEDICAL INSPECTION AND TREATMENT Return for the year ended 31st December, 1962

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—PERIODIC MEDICAL INSPECTIONS

		Plıysical	Condition	of Pupils .	Inspected	Pupils found to requir treatment (excluding denta			
Age Groups inspected (By year of	No. of Pupils	Satisfa	ıctory	Unsati	isfactory		nd infestation with vermin)		
Birth)	Inspected	No.	% of Col 2	No.	% of Col. 2	For defective vision (excluding squint)	For any other condition recorded at Part 11	Total Individual pupils	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
1958 and later	1,434	1,420	99.02	14	0.98	15	315	311	
1957	5,516	5,415	98.16	101	1.84	103	1,512	1,493	
1956	5,581	5,454	97.72	127	2.28	176	1,570	1,574	
1955	1,838	1,796	97.71	42	2.29	104	516	560	
1954	396	381	96.21	15	3.79	37	140	152	
1953	282	268	95.03	14	4.97	37	130	125	
1952	2,815	2,780	98.75	35	1.25	328	667	898	
1951	8.505	8,343	98.09	162	1.91	1,080	2,058	2,716	
1950	3,182	3,118	97.98	64	2.02	379	776	1,041	
1949	236	220	93.22	16	6.78	54	127	157	
1948	3,401	3,299	97.00	102	3.00	502	879	1,085	
1947 and earlier	12,670	12,504	98.68	166	1.32	2,110	2,596	4,130	
Total	45,856	44,998	98.12	858	1.88	4,925	11,286	14,242	

TABLE B.—OTHER INSPECTIONS

Number of Special Inspections Number of Re-inspections								23,443 20,523
						Тота	AL	43,966
TABLE C.—	NFES	STATIC	on w	TTH \	/ERMI	N		
(a) Total number of individua nurses or other authorised								337,063
(b) Total number of individual								
(c) Number of individual pupi issued (Section 54(2), Edu								2,419
(d) Number of individual pup issued (Section 54(3), Edu	ils in	respect	of who	om cle	ansing	orders	were	2,124

TABLE D.—SCREENING TESTS OF VISION AND HEARING

- 1. (a) Is the vision of entrants tested? Yes.
 - (b) If so, how soon after entry is this done? During 1st term as far as possible.
- 2. If the vision of entrants is not tested, at what age is the first vision test carried out? —
- 3. How frequently is vision testing repeated throughout a child's school life?

 At least alternate years.

4. (a) Is colour vision testing undertaken? Yes.

(b) If so, at what age? 10+

(c) Are both boys and girls tested? Yes.

- By whom is vision and colour testing carried out?

 Vision by nurses. Colour test by S.M.O.'s

 (a) Is audiometric testing of entrants carried out? Yes.

 (b) If so, how soon after entry is this done? $5\frac{1}{2}-6\frac{1}{2}$ years.

 If the hearing of entrants is not tested, at what age is the first audiometric test carried out? 5.
- 6.
- 7.
- 8. By whom is audiometric testing carried out? Specialist nurses.

PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR TABLE A.—PERIODIC INSPECTIONS

Defect Code	Defeat on Discour	. Periodic Inspections					
No. (1)	Defect or Disease (2)	Entrants	Leavers	Others	Total		
4 5	Skin T O Eyes—a. Vision O	392 120 395 248	967 184 2,646 449	591 195 1,884 436	1,950 499 4,925 1,133		
6	b. Squint T O O O O O O O O O O O O O O O	530 152 90 43 101 157 114 144 105 36	230 47 88 177 90 74 70 65 194 38	378 122 150 118 126 152 86 86 150 103	1,138 321 328 338 317 383 270 295 449 177		
7	Nose and Throat TO	685 995 177	280 303 36	452 572 127	1,417 1,870 340		
8	Speech O	342 14	47	136 13	525 30		
9	T	165 27	16 45	76 25	257 97		
10	Lungs O	237 431	179 142	195 302	611 875 860		
11 12	Developmental— a. Hernia ${\rm T} \over {\rm O}$	324 46 77 61 183	241 12 7 141 114	295 44 39 171 204	102 123 373 501		
13	Orthopaedic—a. Posture TOO b. Feet TOO c. Other TOO	39 95 235 340 123 223	207 310 408 521 170 180	223 302 478 391 184 276	469 707 1,121 1,252 477 679		
14	Nervous System—a. Epilepsy T	27 50 38	41 16 32	35 29 43	103 95 113		
15	b. Other O Psychological—a. Develop- T ment O b. Stability O	94 30 141 109 360	39 11 111 42 178	74 29 338 148 423	207 70 590 299 961		
16	Abdomen O	30 45	37 34	52 53	119 132		
17	Other T	482 185	784 164	744 246	2,010		

Number of pupils found to require treatment

Number of pupils found to require observation

TABLE B.—SPECIAL INSPECTIONS

Defect Code	Defeat on Discour		SPECIAL IN	NSPECTIONS
No. (1)	Defect or Disease (2)		Requiring Treatment (3)	Requiring Observation (4)
4 5	Skin Eyes		4,881	120
	(a) Vision]	1,236	218
	(b) Squint		196	35
6	(c) Other Ears—		735	41
0	(a) Hearing		231	72
	(b) Otitis Media		486	22
	(c) Other		424	29
7	Nose and Throat		926	138
8	Speech		248	58
9	Lymphatic Glands		40	14
10	Heart		74	75
11 12	Lungs Developmental—		567	128
12	(a) Hernia		16	6
	(b) Other		127	39
13	Orthopaedic—			
	(a) Posture		228	58
	(b) Feet		606	118
	(c) Other		415	102
14	Nervous System—			
	(a) Epilepsy		34	10
4.5	(b) Other		89	25
15	Psychological—		72	40
	(a) Development		72	40
16	(b) Stability		399	170
16 17	Abdomen Other	• •	192	56
17	Otner	• •	3,369	369

PART III.—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

		Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint		1,556
Errors of refraction (including squint)		7,195
Тотац		8,751
Number of pupils for whom spectacles were prescribed	• •	12,188

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received operative treatment				Number of cases known to have been dealt with
(a) for diseases of the ea	ar		 	21
(h) for adenoids and ch	ronic tonsillitis		 	1,981
(c) for other nose and t	throat condition	5	 	126
Received other forms of treat	ment		 	2,498
	TOTAL	• •	 	4,626
Total number of pupils in scl provided with hearing aid	ls:			***************************************
(a) in 1962			 	41
(h) in previous years.	• • • • • • • • • • • • • • • • • • • •		 	361

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

TABLE D.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table C of Part I) Number of cases known to have been treated	(a) (b)	Pupils treated Pupils treated	at clinics o at school f	or out-patio	ents de 1 defec	partme	ents 	• •	Number of cases known to have been treated 4,390 811
(excluding uncleanliness, for which see Table C of Part I) Number of cases known to have been treated treated treated treated				TOTAL					5,201
Ringworm—Scalp		(exclu							rt I)
Ringworm—Body	D.	0.1							known to have been
Scables								• •	
Impetigo Other Skin Diseases									
TABLE E.—CHILD GUIDANCE TREATMENT Pupils treated at Child Guidance clinics	lmpe	etigo							
TABLE E.—CHILD GUIDANCE TREATMENT Pupils treated at Child Guidance clinics	Othe	er Skin Diseases							
TABLE F.—SPEECH THERAPY Pupils treated by speech therapists				TOTAL		• •		• •	6,226
TABLE F.—SPEECH THERAPY Pupils treated by speech therapists		TAI	BLE E.—C	CHILD G	LIEDAI	NCE "	TR EAT	rmfn'	т
Pupils treated by speech therapists	Pupi								
Pupils treated by speech therapists			TABI	LE F.—SP	EECH	THE	RAPY		
Number of cases known to have been dealt with (a) Pupils with minor ailments	Pupil	ls treated by spec							1,331
(a) Pupils with minor ailments		T.	ABLE G	-OTHER	TRE	ATME	ENT G	IVEN	
(b) Pupils who received convalescent treatment under School Health Service arrangements		D 11 11 1	,						known to have been dealt with
Health Service arrangements		Pupils who re	nor ailmer	its	treatus	ent un	der Se	hool	15,230
(c) Pupils who received B.C.G. vaccination 14,887 (d) Other than (a), (b) and (c) above 406 U.V.R. 2,020 Chiropody 517	(0)						idel 3c	1001	111
Asthma		Pupils who rec	eived B.C	.G. vaccina	ation				
Chiropody	(d)	Other than (a),	(b) and (c)	above					406
Chiropody 517		Astnma UVR	• • • • • •						
		1							

STAFF OF THE SCHOOL DENTAL SERVICE

Officers employed on a salary basis

No. in terms of full-time officers employed in the School Dental Service.

		No. of Officers		on morning oon sessions
			Dental work (other than ortho- dontics)	Ortho- dontics
Principal School Dental Officer Dental Officers (including Orthodontists)	 	1 12	1.00 12.00	_
Officers employed on a sessional basis Dental Officers (including Orthodontists) TOTALS		31 44	9.80 22.8	0.80 0.80

Other staff employed

No. in terms of full-time officers employed in the School Dental Service.

Employed on morning

and afternoon sessions

81,098

615 9,822

10,437

50,492

1,705

52,197

41,499

1,550

43,049

No. of

Officers

TOTAL

TOTAL

TOTAL

		Dental work (other than ortho- dontics	Ortho- doutics
Dental Surgery Assistants Other staff : Anaesthetists	37 12 1	35.00 3.00 	2.00
SCHOOL DENTAL CLINICS			
(a) No. of clinics where dental treatment is given dir			17
Dental Surgeries		• • • • •	28
(b) Residential Special Schools, children are examined given on the school premises	nined and t	reatment	
DENTAL INSPECTION AND 7. Number of pupils on the registers of maintained processes of schools (including nursery and special schools) in January 7, 7M and 11 Schools.	rimary and so uary, 1963, as	econdary in Forms	177,293
(1) Number of pupils inspected by the Authority's I			.,,_,
(a) At Periodic Inspections			
(b) As Specials			151,471
* · · · · · · · · · · · · · · · · · · ·			151,471 18,494
	TOTAL		,
(2) Number found to require treatment	TOTAL	·· –	18,494
(2) Number found to require treatment (3) Number offered treatment			18,494 169,965 103,175 87,509
(2) Number found to require treatment			18,494 169,965 103,175
(2) Number found to require treatment (3) Number offered treatment			18,494 169,965 103,175 87,509

recorded at (c) (1) below

Temporary Teeth ...

Periodic (School) Inspection . .

Treatment

Half days devoted to :-

(a) Permanent teeth

(4) Number of Teeth Filled :—
(a) Permanent Teeth ...

Temporary Teeth

(b)

(3) Fillings:—

(b)

(b)

. .

(5) Extractions:— 21,244 46,411 TOTAL 67,655 Administration of general anaesthetics for extraction Number of pupils supplied with artificial teeth Other operations:— (a) Permanent Teeth (b) Temporary Teeth 25,628 (7) (8) 508 20,500 1,270 . . TOTAL 21,770

(c) Orthodontics:-

(a)	Number of attendances made by pupils for orthodontic treatment					
(b)	Half days devoted to orthodontic treatment				559	
(c)	Cases commenced during the year				223	
(d)	Cases brought froward from the previous year				105	
(e)	Cases completed during the year				137	
(f)	Cases discontinued during the year				89	
(g)	Number of pupils treated by means of appliances	S			594	
(h)	Number of removable appliances fitted				439	
(i)	Number of fixed appliances fitted				9	









